

SERFF Tracking Number:	MADS-125780509	State:	Arkansas
Filing Company:	Standard Security Life Insurance Company of New York	State Tracking Number:	39974
Company Tracking Number:	GTL-A-0708		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Group Term Life		
Project Name/Number:	/		

Filing at a Glance

Company: Standard Security Life Insurance Company of New York

Product Name: Group Term Life

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: MADS-125780509 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: GTL-A-0708

Co Status: Initial Submission

Authors: Sue Long, Cheryl

Richards, Andrea Greiber

Date Submitted: 08/18/2008

State Tr Num: 39974

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/21/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/21/2008

State Status Changed: 08/21/2008

Corresponding Filing Tracking Number:

Filing Description:

Group Term Life Insurance with Critical Illness Rider.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/25/2008

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

This product is being filed via a Trust. Please see the cover letter for detailed information about this filing.

Company and Contact

SERFF Tracking Number: MADS-125780509 State: Arkansas
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 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: Group Term Life
 Project Name/Number: /

Filing Contact Information

Cheryl Richards, Compliance Specialist car@madisonlife.com
 PO Box 5008 (800) 356-9601 [Phone]
 Madison, WI 53705 (608) 830-2700[FAX]

Filing Company Information

Standard Security Life Insurance Company of New York CoCode: 69078 State of Domicile: New York
 485 Madison Avenue Group Code: 450 Company Type: Life and Health
 New York, NY 10022-4141 Group Name: State ID Number:
 (212) 355-4141 ext. [Phone] FEIN Number: 13-5679267

Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation: 50.00 per submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Security Life Insurance Company of New York	\$50.00	08/18/2008	21997292

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/21/2008	08/21/2008

<i>SERFF Tracking Number:</i>	<i>MADS-125780509</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Security Life Insurance Company of</i>	<i>State Tracking Number:</i>	<i>39974</i>
	<i>New York</i>		
<i>Company Tracking Number:</i>	<i>GTL-A-0708</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MADS-125780509 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 39974

Company Tracking Number: GTL-A-0708

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Readability Certification		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Standard Checklist		Yes
Supporting Document	Authorization		Yes
Form	GROUP APPLICATION		Yes
Form	ENROLLMENT FORM		Yes
Form	EVIDENCE OF INSURABILITY		Yes
Form	CERTIFICATE		Yes
Form	GROUP POLICY		Yes
Form	CRITICAL ILLNESS RIDER		Yes

SERFF Tracking Number: MADS-125780509 State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 39974

Company Tracking Number: GTL-A-0708

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: Group Term Life

Project Name/Number: /

Form Schedule

Lead Form Number: GTL-A-0708

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	G-A-0708	Application/ GROUP Enrollment Form	APPLICATION	Initial		0	G-A-0708.pdf
	G-E-0708	Application/ ENROLLMENT Enrollment Form	FORM	Initial		0	G-E-0708.pdf
	G-EOI-0708	Other	EVIDENCE OF INSURABILITY	Initial		0	G-EOI-0708.pdf
	GTL-C600-0608	Certificate	CERTIFICATE	Initial		0	GTL-C600-0608.pdf
	GTL-DP-0708	Policy/Cont ract/Fratern al Certificate	GROUP POLICY	Initial		0	GTL-DP-0708.pdf
	GTL-CI-R-0708	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	CRITICAL ILLNESS RIDER	Initial		0	GTL-CI-R-0708.pdf

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

PO Box 5008, Madison, WI 53705 • 1-800-356-9601 (Phone)

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717]

GROUP APPLICATION [THROUGH [NAME] TRUST]**EMPLOYER GROUP INFORMATION**

Legal Name of Employer: (Please print)			Requested Effective Date: / /	IRS Tax ID No.
Street Address:			PO Box No:	SIC No.
City:	State	Zip Code:	Nature of Business:	
Group Contact Name:		Title:	Phone No. ()	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other:				Years in Business:
Subsidiaries Included:				
Bill Type: <input type="checkbox"/> List Bill <input type="checkbox"/> Self Bill		Bill Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Other:		
Will this coverage replace existing coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please complete the following:				
Coverage:	Insurer:		Termination Date: / /	
Coverage:	Insurer:		Termination Date: / /	

(A copy of the current Insurer's policy/booklet and the most recent billing statement must accompany this Application.)

EMPLOYEE ELIGIBILITY INFORMATION

Please note that temporary, seasonal and part-time employees and retirees and employees residing outside of the United States are generally excluded unless specifically identified.

Employees Must Work the following Minimum No. of Hours Per Week: ☐ 30 ☐ 40 ☐ Other:**On the Requested Effective Date, current employees** ☐ are eligible immediately ☐ must satisfy the Employee Waiting Period.**Employee Waiting Period:**☐ Date of hire (eligible immediately)☐ First day of the month coinciding with or following ☐ _____ days ☐ _____ months of employment☐ Other: _____**On the Requested Effective Date, are there any employees not actively at work?** ☐ Yes ☐ No

If "Yes", please complete the "Actively at Work Statement" section of this Application.

FOR INSURER USE ONLY:			
Underwriting Decision:		Notes:	
Effective Date of Coverage:		Plan No.	
Underwriter's Signature:		Date:	

ACTIVELY AT WORK STATEMENT

This statement certifies that as of the Requested Effective Date, all employees who are eligible for insurance as described in this Application are **Actively-At-Work** with the following exceptions:

Employee	Date of Birth	Last Day Worked	Return to Work Expected Date	Reason for Absence

I understand that insurance coverage for the Employees listed above is not guaranteed without written acceptance by an authorized representative of [Madison National Life Insurance Company, Inc.]

Printed Name of Authorized Employer Representative

Title

Signature of Authorized Employer Representative

Date

G-A-0708

[LIFE AND AD&D INSURANCE]

Please “✓” who will receive the Life and AD&D insurance coverage:

☐ Employee | ☐ All Dependents OR ☐ Dependent Spouse only OR ☐ Dependent Child only

Class	Class Description	Basic Life Benefit	AD&D Benefit	Dependent Life Benefit Amount		
				Spouse	Child over 6mo	Child under 6mo
1		\$	\$	\$	\$	\$
2						
3						

Employee Insurance:

Dependent Insurance:

Class	Guarantee Issue:	Maximum Issue:	Guarantee Issue:	Maximum Issue:
1				
2				
3				

Insurance Reduction Schedule:

☐ Benefits reduce [35% at age 65, 50% at age 70 and terminate at retirement]

☐ Other: [[0-95%] at Age [65-100]]

SUPPLEMENTAL LIFE AND AD&D INSURANCE

Please “✓” the Supplement Life insurance coverage being applied for:

☐ Supplemental Life Insurance OR ☐ Supplemental Life and Accidental Death and Dismemberment Insurance

Please “✓” who will receive the Supplement Life insurance coverage:

☐ Employee | ☐ All Dependent Life OR ☐ Dependent Spouse Life only OR ☐ Dependent Child Life only

Employee Supplemental Life:

Dependent Supplemental Life:

Class	Guarantee Issue:	Maximum Issue:	Guarantee Issue:	Maximum Issue:
1				
2				
3				

Employee Supplemental AD&D:

Dependent Supplemental AD&D:

Class	Guarantee Issue:	Maximum Issue:	Guarantee Issue:	Maximum Issue:
1				
2				
3				

PREMIUM CONTRIBUTIONS

Life and AD&D Insurance

Class	Employee Insurance:		Dependent Insurance:	
	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
1				
2				
3				

Please complete the below information, based on the coverage(s) you chose, for Total number of Eligible Employees and Enrollees:

COVERAGES:	TOTAL NO. ELIGIBLE EMPLOYEES:	TOTAL NO. ENROLLED EMPLOYEES:
Life/AD&D:		
Dependent Life:		
Supplemental Life/AD&D:		
Dependent Supplemental Life/AD&D:		

If Benefits are based on Earnings, Earnings are defined as:

☐Base Salary Only ☐Base Salary plus Commissions (using a 12-month rolling average)

☐Base Salary plus Bonuses (using a 36-month rolling average) ☐Other: _____

PREMIUM RATES

<u>Basic Life</u> - per \$1,000 of coverage \$	<u>Basic AD&D</u> - per \$1,000 of coverage \$	<u>Basic Dependent Life/AD&D</u> - per family unit \$
<u>Supplemental Life</u> - per \$1,000 of coverage or attached rate schedule \$	<u>Supplemental AD&D</u> - per \$1,000 of coverage \$	<u>Supplemental Dependent Life/AD&D</u> - per \$1,000 of coverage or attached rate schedule \$

Rate Guarantee Period: ☐ _____ months ☐ _____ years

FOR INSURER USE ONLY:**Notes:**

[SHORT TERM DISABILITY INSURANCE

Class	Class Description	% of Earnings	Flat Benefit/Max Benefit	Benefits Begin on Accident / Sickness	Duration # of weeks
1		%	\$	day / day	
2		%	\$	day / day	
3		%	\$	day / day	

Class	Employer Contribution	Employee Contribution
1	%	% made <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
2	%	% made <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
3	%	% made <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax

If Benefits are based on Earnings, Earnings are defined as:

- ☐Base Salary Only ☐Base Salary plus Commissions (using a 12-month rolling average)
☐Base Salary plus Bonuses (using a 36-month rolling average) ☐Other:

Definition of Disability: ☐Total ☐Partial ☐Zero Day Residual

Short Term Disability Coverage: Total number of eligible employees:_____ Total number enrolled:_____

First Day Hospital: ☐ In-patient only ☐ Out-patient included

Waiver of Premium: ☐ Yes ☐ No

Pre-existing Condition Clause: ☐ 3/12 months ☐ 6/12 months ☐ 12/12 months ☐ 12/24 months ☐Other:_____

If applicable, other Employer Requirement: Please describe: _____

If applicable, other Employer Requirement: Please describe: _____

Rate: \$_____ per \$10 Weekly benefit **Rate Guarantee Period:** ☐_____ months ☐_____ years

FOR INSURER USE ONLY:

Notes:

[LONG TERM DISABILITY INSURANCE

Class	Class Description	% of Earnings	Maximum Benefit	Guarantee Issue
1		%	\$	\$
2		%	\$	\$
3		%	\$	\$

Class	Elimination Period	Own-Occupation Period	Benefit Duration
1	<input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> Other:	<input type="checkbox"/> 2 years <input type="checkbox"/> Other:	<input type="checkbox"/> To age 65 (ADEA) <input type="checkbox"/> Other:
2	<input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> Other:	<input type="checkbox"/> 2 years <input type="checkbox"/> Other:	<input type="checkbox"/> To age 65 (ADEA) <input type="checkbox"/> Other:
3	<input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> Other:	<input type="checkbox"/> 2 years <input type="checkbox"/> Other:	<input type="checkbox"/> To age 65 (ADEA) <input type="checkbox"/> Other:

Class	Employer Contribution	Employee Contribution
1	%	% made <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
2	%	% made <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
3	%	% made <input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax

Does the Employer gross up the Employee's salary in order to contribute toward premium? ☐Yes ☐No

If Benefits are based on Earnings, Earnings are defined as:

☐Base Salary Only ☐Base Salary plus Commissions (using a 12-month rolling average)
☐Base Salary plus Bonuses (using a 36-month rolling average) ☐Other: _____

Definition of Disability: ☐ Total ☐ Partial ☐ Zero Day Residual

Long Term Disability Coverage: Total number of eligible employees: _____ Total number enrolled: _____

Minimum Benefit: ☐ Greater of 10% or \$100 ☐ Greater of 15% or \$50 ☐ Flat \$100 ☐ Other: _____

Integration with Income from Other Source: ☐ Full Family ☐ Primary Only ☐ Other: _____ % All Sources

Integration with Work Earnings: ☐ Proportionate Formula ☐ 50%

Work Incentive Benefit: ☐ 12 months ☐ 24 months

Survivor Benefit: ☐ 3 months ☐ 6 months ☐ 12 months

Conversion Benefit: ☐ Yes ☐ No

Pre-existing Condition Clause: ☐ 3/12 months ☐ 6/12 months ☐ 12/12 months ☐ 12/24 months ☐ Other: _____

Cost of Living Adjustment: ☐ _____ % for _____ years or ☐ Other: _____

Buy-Up: ☐ Please describe: _____

Other: ☐ Please describe: _____

Rate: \$ _____ per \$100 Monthly Covered Payroll Rate Guarantee Period: ☐ _____ months ☐ _____ years

FOR INSURER USE ONLY:

Notes:

TERMS AND CONDITIONS

- [The Employer understands that this is an application for participation in the Trust, and hereby acknowledges and agrees to the terms of the Trust.]
- The Employer agrees that any insurance applied for shall not become effective unless this Application and any attached page(s) are received, accepted and approved by [Madison National Life Insurance Company, Inc.] (hereinafter referred to as “Insurer”). The Employer further agrees that insurance applied for shall not become effective or remain effective unless the Employer: a) is actively engaged in business for profit within the meaning of the Internal Revenue Code, or is established as a legitimate nonprofit corporation within the meaning of the Internal Revenue Code; and b) meets the participation and contribution requirements.
- The Employer understands receipt and deposit of advanced payment is not a guarantee of coverage. If [a Joinder Agreement and] Certificates of Insurance are issued from this Application, and are accepted by the Employer, we will apply the premium deposit to the first premium due for such coverage. If no coverage is put into force, the premium deposit will be refunded.
- Your agent or broker cannot change or waive any provision of this Application or the Policy or policies without the written approval of an officer of the Insurer.
- The Employer acknowledges and understands that if this Application is approved, the Group Policy, [Joinder Agreement] and Certificates will determine the rights and benefits, and that this Application is subject to the terms and conditions of such contract documents.
- The Employer agrees to offer and allow all eligible employees to apply for coverage in accordance with, and within, the Employer’s rules regarding classes eligible for coverage at the time of hire and during his/her probationary (waiting) period. The Employer will require that any Employee, who declines to apply at this time, sign a statement to that effect, which will be maintained by the Employer. Should the Insurer’s guidelines require an Employee to submit evidence of insurability, such Employee must complete and submit to the Insurer an Evidence of Insurability form. No coverage shall be in effect for said Employees until Insurer approves and accepts the enrollment form and Evidence of Insurability form.
- The Employer agrees to timely notify the Insurer of any Employee termination, status change, or other material changes that may affect the eligibility of Employees or their dependents. Timely notification is no more than 31 days past the actual date of such change.
- The Employer agrees to notify Employees and other Insured Persons who cease to be eligible for coverage under its policies(s) of their right, if any, to continue group coverage and their right, if any, to apply to Insurer for an individual conversion policy. The Employer shall provide such Employees and other insured persons with the forms and applications necessary to continue group coverage or to apply for such conversion coverage as may then be available.
- The Employer understands that failure to pay premium when due will be considered a default in premium payment and coverage will terminate at the end of the grace period. If coverage is terminated for nonpayment of premium, premium through the grace period is due and will be collected. The Employer understands that coverage may also be terminated for other reasons as provided in the Group Policy [and/or Joinder Agreement].
- The person signing this form below certifies that he or she is fully authorized by the Employer to execute this Agreement on the Employer’s behalf.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines, confinement in prison, and/or denial of insurance benefits.

The undersigned Employer hereby makes application [to join the Trust and] for insurance coverages described within this Application. This Application is subject to [acceptance by the Trust Administrator and] the Terms and Conditions stated above.

Printed Name of Authorized Employer Representative	Title
Signature of Authorized Employer Representative	Date

AGENT'S STATEMENT

Is the insurance being applied for replacing any insurance now in force? ☐ Yes ☐ No

I have fully explained to the Employer the coverage and provisions of the selected group insurance product benefits. I have also fully explained to the Employer that completing this Application does not guarantee insurance and does not bind [Madison National Life Insurance Company, Inc.] (hereinafter referred to as "Insurer") to issue a contract or otherwise extend any insurance. I understand I have no authority to alter this Application to bind the Insurer by making any promise and/or representation, or to waive or change the terms, conditions and/or provisions of any insurance contract or other requirement imposed by the Insurer.

I hereby certify that either the Employer fully completed this Application on its own, or that I have truly and accurately recorded in this Application the information supplied to me by the Employer.

Agent's Name as printed on the license	State of license and Agent license number
Signature of Licensed Agent	Date

G-A-0708

[MADISON NATIONAL LIFE INSURANCE COMPANY, INC

Home Office: 1-800-356-9601 (Phone)
1241 John Q. Hammons Drive, Madison, WI 53717

Return to: Attn: Group Billing Dept.
PO Box 5008, Madison, WI 53705]

EMPLOYEE INFORMATION

Name of Employer: (Please print)		Date of Hire: / /	Hours Work Per Week:
Job Title:	Social Security No.	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No-(see <input checked="" type="checkbox"/> below)	Annual Salary \$
Name of Employee: (Last, First, MI)		Date of Birth: / /	<input type="checkbox"/> Female <input type="checkbox"/> Male
			<input type="checkbox"/> Single <input type="checkbox"/> Married
Street Address, City, State, Zip Code:			

Beneficiaries: * (If you are married, a primary beneficiary designation of someone other than your spouse may not be effective under your state law. Please consult with your legal advisor before making such a designation.)

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name (Last, First, Middle)	Relationship:	Percent of Benefit: %
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name (Last, First, Middle)	Relationship:	Percent of Benefit: %
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name (Last, First, Middle)	Relationship:	Percent of Benefit: %
* Spouse's Signature:		Signature Date:	

COVERAGE ELECTIONS

Dependent Coverage: (if applicable)

If your Employer offers any Dependent Coverage and you elect this coverage, please complete the following information:

Dependent Names	Full-Time Student?		Birth Date	Social Security No.	U.S. Citizen? If "No", see <input checked="" type="checkbox"/> below
		Spouse			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child			<input type="checkbox"/> Yes <input type="checkbox"/> No

☒ If an enrollee is not a United States citizen, please attach a copy of his or her Visa.

The following insurance coverages are only available if your Employer offers these. Please "✓" the applicable insurance coverage(s) you are electing:

☐ Life and AD&D, ☐ Supplemental Life and AD&D, ☐ Short Term Disability, ☐ Long Term Disability

FOR INSURER USE ONLY:		
Notes:		
Date Received:	Effective Date of Coverage:	Plan No.

EMPLOYEE COVERAGE AUTHORIZATION

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

By signing this Application I understand and agree that:

- I authorize my Employer to make any required deductions, if any, from my salary to pay the premium of my insurance coverage in effect.
- All statements and answers I have given are complete and true to the best of my knowledge and belief.
- Coverage is not in effect until final approval is given by Madison National Life Insurance Company, Inc.
- No person, except an officer of Madison National Life, is authorized to vary or modify a contract.

Employee/Applicant Signature

Date

EMPLOYEE WAIVER OF INSURANCE

I have been given the opportunity to apply to for group insurance as presented to me, but do NOT wish to take the coverage(s). I understand that if my dependents or I decide to apply for this Group insurance plan at a later date, Evidence of Insurability will be required at your own expense, and must be approved by [Madison National Life Insurance Company, Inc.]

Employee/Applicant Signature

Date

[MADISON NATIONAL LIFE INSURANCE COMPANY, INC.]

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717]

Evidence of Insurability

(A separate form must be completed for each person seeking coverage.)

Check appropriate box(es): <input type="checkbox"/> Life: \$ _____ <input type="checkbox"/> Life/AD&D <input type="checkbox"/> Supp. Life:\$ _____ <input type="checkbox"/> Long Term Disability <input type="checkbox"/> AD&D:\$ _____ <input type="checkbox"/> Short Term Disability <input type="checkbox"/> AD&D:\$ _____		Reason for Applying: <input type="checkbox"/> New Hire <input type="checkbox"/> Late Enrollee <input type="checkbox"/> Increase in Coverage amount <input type="checkbox"/> Reinstatement <input type="checkbox"/> Adding Dependent(s) <input type="checkbox"/> Applying for coverage over GI <input type="checkbox"/> Other:		
APPLICANT INFORMATION				
Applicant's Name: Last, First, MI		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Date of Birth: / /
Height:	Weight:	Applicant's Social Security No. - -		Already Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Home Address: (Street, City, State, Zip)			Applicant's Daytime Phone No. ()	
Applicant's Current Physician's Name:		Date Last Visited: / /		Reason for Visit:
Physician's Address: (Street, City, State, Zip)			Physician's Phone No.	
Employee Member Name: (if different than Applicant)		Employee's Job Title:		
Employee's Date of Hire:	No. of Hours Employee Works Per Week:		Employee's Annual Salary: \$	
Employer Name:		Employer's Address: (Street, City, State, Zip)		

HEALTH QUESTIONS

Check Yes or No, circle all applicable "Yes" disorders or procedures and give details below.

I. Are you currently pregnant? ☐ Yes ☐ No **If "Yes", what is your expect due date:**

II. In the past 5 years have you been diagnosed or treated by a medical professional for any of the following conditions?

A. HEART

1. Heart ailment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Chest pain, angina or shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Irregular heart beat or heart murmur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Rheumatic fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Disease or abnormality of heart muscle, nerves or vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Stress test; electrocardiogram or echocardiogram?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. TUMORS/CYSTS

1. Cancer of any type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Tumors, cysts, or polyps?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. BLOOD AND URINE

1. High or low blood pressure or hypertension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Venereal disease, syphilis, gonorrhea, genital warts or genital herpes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Disorder of kidneys or bladder or kidney stones?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Diabetes, high or low blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Protein, blood or sugar in urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Night sweats, persistent swollen glands or diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. PAIN & DISCOMFORT

1. Arthritis, bursitis or gout?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Recurrent back pain or slipped disk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Disorder of the back, neck or spine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Disorder of the muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Temporomandibular joint (TMJ) Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Recurrent abdominal pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. OTHER

1. Stroke, seizure, disorder or epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Migraine or persistent headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Nervous/mental disorder, depression or anxiety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Dizziness or paralysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Asthma, emphysema, breathing or lung disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Indigestion, ulcers or irritable bowel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Chronic fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Aids Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH QUESTIONS *continued....*

Check all applicable disorders and give details below.

III. In the past 5 years have you been diagnosed or treated by a medical professional for a disease or disorder of the:

A. Brain or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	D. Prostate, ovaries or uterus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Eyes, ears, nose or throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	E. Stomach, intestine, gallbladder or liver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Skin or lymph nodes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	F. Thyroid, spleen or any gland?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. In the past 5 years, have you:

A. Sought or received advice the use of alcohol or other chemicals or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	C. Been treated or evaluated in a hospital or medical or psychiatric facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Scheduled or undergone any surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	D. Sustained illness requiring medical care or hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. In the last 12 months, have you used tobacco of any kind? ☐ Yes ☐ No**VI. Please list all prescribed and non-prescribed medications you currently take:**

If you answered "Yes" to any Health Questions in this form, please explain below. (Please use another sheet of paper if necessary.)

Dates	Conditions	Doctor Names and Addresses	Results

ACKNOWLEDGEMENTS, AUTHORIZATIONS & SIGNATURE

I understand all statements and answers I have given are to be relied upon and form the basis of any coverage issued to me and/or my dependents under the Group Policy. I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify [Madison National Life Insurance Company, Inc.] of any change in my medical condition while my enrollment is pending. I agree that if my enrollment is approved by [Madison National Life Insurance Company, Inc.], the effective date of any coverage will be determined in accordance with the terms of the Group Policy, including any Actively at Work requirement.

I acknowledge this Evidence of Insurability form (when approved), the Group Policy, Certificate of Insurance, and any endorsement, amendment or rider hereto, are part of the insurance coverage(s) applied for. I understand that no insurance agent or broker, or persons other than officers of [Madison National Life Insurance Company, Inc.], can modify, waive or change this form, nor bind coverage or guarantee approval of this form.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, Veterans Administration Facility, or other medically related facility, state or local government agency, insurance or reinsurance company, [Medical Information Bureau, Inc.] consumer reporting agency, or employer, to give to [Madison National Life Insurance Company, Inc.], its legal representative or its reinsurers any and all such information to use for underwriting insurance. I agree that this authorization, in connection with this form, shall be valid for 24 months from my signature date and that I have the right to revoke this authorization at any time. I agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me upon request. [I have read the separate notice enclosed with this form pertaining to the Medical Information Bureau as required by the Fair Credit Reporting Act.]

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison, and/or denial of insurance benefits.

Applicant's Signature	Date
Parent/Guardian Signature (for Dependent enrollees under age 18)	Date

FOR INSURER USE ONLY:	Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Postponed <input type="checkbox"/> Declined	Effective Date:
Underwriter's Signature:	Date:	

[MADISON NATIONAL LIFE INSURANCE COMPANY, INC.]

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717]

GROUP TERM LIFE INSURANCE CERTIFICATE OF INSURANCE

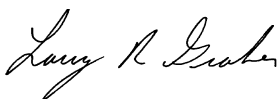
PLEASE READ THIS CERTIFICATE CAREFULLY.

This Certificate of Insurance (hereinafter referred to as "Certificate") is evidence of insurance provided under the Group Policy issued to the Group Policyholder (hereinafter referred to as "Policyholder"). This Certificate describes the essential features of such insurance.

[Madison National Life Insurance Company, Inc.], in performing its obligations under the Group Policy, is acting only as a life insurer with respect to the Group Policy and is not in any way acting as a plan administrator, a plan sponsor or a plan trustee for the purposes of the Employee Retirement Income Security Act or 1974 (ERISA), as amended, or any other federal or state laws.

No coverage under the Group Policy is in effect until approved in writing by Us and issued and delivered to the Policyholder. All terms, conditions and other provisions of the Group Policy are governed by the laws of the state in which the Policyholder is located. All provisions on this and the following pages are part of this Certificate. The Group Policy is on file and available for review at the main office of the Policyholder.

The President and Secretary of [Madison National Life Insurance Company, Inc.] witness this Certificate:



**[Larry R. Graber
President**



**Adam C. Vandervoort
Secretary]**

WARNING: It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding Us. An application for insurance or claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the Group Policy and recovery of any amounts We have paid.

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SCHEDULE OF BENEFITS

A. Administrative

- | | |
|--|--|
| 1. Policyholder: | [Name of Employer / Trust] |
| 2. Employer: | [Employer Name]
[Employer Address]
[Employer Address]
[[Employer Address]] |
| 3. Plan Number: | [Number] |
| 4. Plan Effective Date: | [Effective Date] |
| 5. Enrollment Period: | [Annual/Open/Not Applicable] [Month Day, Year to Month Day, Year] |
| 6. Eligible Class: | Life Class [Number], [Description] |
| 7. Minimum Hourly Work Requirement: | [Number of hours] per [week/month/year] |
| 8. Waiting Period for Insurance Coverage: | [[0/30/60/90/180] days/as determined by the Employer] |
| 9. Employee Premium Contribution: | |
| <u>Life/AD&D Coverage</u> | |
| Employee Basic: | [0-100]% |
| [Employee Supplemental: | [0-100]%] |
| [Employee Voluntary: | [0-100]%] |
| [Dependent Basic – Family: | [0-100]%] |
| [Dependent Basic – Spouse: | [0-100]%] |
| [Dependent Basic – Child: | [0-100]%] |
| [Dependent Supplemental: | [0-100]%] |
| [Dependent Voluntary: | [0-100]%] |
| [Retiree: | [0-100]%] |
| 10. Insurance Reduction Schedule: | |
| <u>Life/AD&D Coverage</u> | |
| Employee Basic: | [[0-95]% at Age [65-100]] |
| [Employee Supplemental: | [[0-95]% at Age [65-100]]] |
| [Employee Voluntary: | [[0-95]% at Age [65-100]]] |
| [Dependent Basic – Family: | [[0-95]% at Age [65-100]]] |
| [Dependent Supplemental: | [[0-95]% at Age [65-100]]] |
| [Dependent Voluntary: | [[0-95]% at Age [65-100]]] |
| [Retiree: | [[0-95]% at Age [65-100]]] |
| 11. Evidence of Insurability Requirements: | Applies to Late Enrollees, Increases in Benefits and Amounts over Guarantee Issue Amounts, Reinstatement |

B. Basic Life Insurance

- | | |
|---|-----------------------|
| <u>Employee Basic Life:</u> | [\$1-\$1,000,000] |
| Guarantee Issue: | [\$0-\$1,000,000] |
| Maximum Issue: | [\$1-\$1,000,000] |
|
<u>[[Dependent Basic Life</u> | |
| [Family Basic Life: | [\$100-\$50,000] |
| Guarantee Issue: | [\$0-\$50,000] |
| Maximum Issue: | [\$100-\$50,000]] |
|
[Spouse Basic Life: | |
| Guarantee Issue: | [\$1,000-\$500,000] |
| Maximum Issue: | [\$0-\$500,000] |
| Maximum Issue: | [\$1,000-\$500,000]] |
|
[Child Basic Life | |
| Age: Birth through 14 days: | [\$0-\$50,000] |
| Age: 15 days to 6 months: | [\$100-\$50,000] |
| Age: 6 months through the Age specified herein: | [\$100-\$50,000] |
| Guarantee Issue: | [\$0-\$50,000] |

Maximum Issue: [\$0-\$50,000]]]

Retiree Life: [\$1-\$1,000,000]

Guarantee Issue: [\$0-\$1,000,000]

Maximum Issue: [\$1-\$1,000,000]]]

C. [Supplemental Life Insurance

Employee Supplemental Life: [\$1-\$1,000,000]

Guarantee Issue: [\$0-\$1,000,000]

Maximum Issue: [\$1-\$1,000,000]

[Annual Increase in Coverage – Evidence of Insurability required if the benefit amount exceeds [[10-200]% of Annual Salary / [\$1,000-\$100,000]]

[[Dependent Supplemental Life

[Family Supplemental Life: [\$100-\$50,000]

Guarantee Issue: [\$0-\$50,000]

Maximum Issue: [\$100-\$50,000]]

[Spouse Supplemental Life: [\$1,000-\$500,000]

Guarantee: [\$0-\$500,000]

Maximum: [\$1,000-\$500,000]]

[Child Supplemental Life

Age: Birth through 14 day: [\$0-\$50,000]

Age: 15 days to 6 months: [\$100-\$50,000]

Age: 6 months through Limiting Age: [\$100-\$50,000]

Guarantee Issue: [\$0-\$50,000]

Maximum Issue: [\$0-\$50,000]]]

[Retiree Supplemental Life: [\$[0-1,000,000]/[10-100]% of pre-retirement amount]]

Guarantee Issue: [\$0-\$1,000,000/10-100%]

Maximum Issue: [\$0-\$1,000,000/10-100%]]

D. [Voluntary Life Insurance

Employee Voluntary Life: [\$1-\$1,000,000]

Guarantee Issue: [\$0-\$1,000,000]

Maximum Issue: [\$1-\$1,000,000]

[[Dependent Voluntary Life

[Family Voluntary Life: [\$100-\$50,000]

Guarantee Issue: [\$0-\$50,000]

Maximum Issue: [\$100-\$50,000]]

[Spouse Voluntary Life: [\$1,000-\$500,000]

Guarantee Issue: [\$0-\$500,000]

Maximum Issue: [\$1,000-\$500,000]]

[Child Voluntary Life

Age: Birth through 14 days: [\$0-\$50,000]

Age: 15 days to 6 months: [\$100-\$50,000]

Age: 6 months through the Age specified herein: [\$100-\$50,000]

Guarantee Issue: [\$0-\$50,000]

Maximum Issue: [\$0-\$50,000]]]

Retiree Voluntary Life: [\$1-\$1,000,000]

Guarantee Issue:	[\$0-\$1,000,000]
Maximum Issue:	[\$1-\$1,000,000]]]

E. Additional Benefits

1. Conversion of Insurance Benefit:	Included
2. [Waiver of Premium Benefit:	Included]
3. [Living Benefit:	Included]
4. [Retirement Long Term Care Benefit:	Included]
5. [Portability Benefit:	Included]
6. [Paid-Up Life Insurance Benefit:	Included]
7. [Critical Illness Rider:	Included as a separate attachment]

F. [Accidental Death and Dismemberment Insurance

1. AD&D Insurance

<u>Employee AD&D:</u>	[\$1-\$1,000,000]
Guarantee Issue:	[\$0-\$1,000,000]
Maximum Issue:	[\$1-\$1,000,000]

[[Dependent AD&D

Family AD&D:	[\$100-\$50,000]
Guarantee Issue:	[\$0-\$50,000]
Maximum Issue:	[\$100-\$50,000]]

[Spouse AD&D:	[\$1,000-\$500,000]
Guarantee:	[\$0-\$500,000]
Maximum:	[\$1,000-\$500,000]]

[2. Additional AD&D Benefits

[Surgical Reattachment Benefit:	Included]
[Exposure Benefit:	Included]
[Disappearance Benefit:	Included]
[Felonious Assault Benefit:	Included]
[Seat Belt Benefit:	Included]
[Air Bag Benefit:	Included]
[Burn Benefit:	Included]
[Coma Benefit:	Included]
[Contagious Disease Benefit:	Included]
[Rehabilitative Physical Therapy Benefit:	Included]
[Spouse Training Benefit:	Included]
[Education Benefit:	Included]
[Repatriation Benefit:	Included]
[Fare Paying Passenger Benefit:	Included]
[Surviving Child Benefit:	Included]
[Day Care Benefit:	Included]]

[3. Supplemental AD&D Insurance

<u>Employee Supplemental AD&D:</u>	[\$1-\$1,000,000]
Guarantee Issue:	[\$0-\$1,000,000]
Maximum Issue:	[\$1-\$1,000,000]

[[Dependent Supplemental AD&D

[Family Supplemental AD&D:	[\$100-\$50,000]
Guarantee Issue:	[\$0-\$50,000]
Maximum Issue:	[\$100-\$50,000]]

[Spouse Supplemental AD&D:	[\$1,000-\$500,000]
----------------------------	---------------------

Guarantee Issue:	[\$0-\$500,000]
Maximum Issue:	[\$1,000-\$500,000]]

[Child Supplemental AD&D	
Age: Birth through 14 days:	[\$0-\$50,000]
Age: 15 days to 6 months:	[\$100-\$50,000]
Age: 6 months through Limiting Age:	[\$100-\$50,000]
Guarantee Issue:	[\$0-\$50,000]
Maximum Issue:	[\$0-\$50,000]]]

[Retiree Supplemental AD&D:	
Guarantee Issue:	[\$0-\$1,000,000/10-100%]
Maximum Issue:	[\$0-\$1,000,000/10-100%]]]

[4. **Voluntary AD&D Insurance**

<u>Employee Voluntary AD&D:</u>	
Guarantee Issue:	[\$1-\$1,000,000]
Maximum Issue:	[\$0-\$1,000,000]
	[\$1-\$1,000,000]

<u>[[Dependent Voluntary AD&D</u>	
[Family Voluntary AD&D:	
Guarantee Issue:	[\$100-\$50,000]
Maximum Issue:	[\$0-\$50,000]
	[\$100-\$50,000]]

[Spouse Voluntary AD&D:	
Guarantee Issue:	[\$1,000-\$500,000]
Maximum Issue:	[\$0-\$500,000]
	[\$1,000-\$500,000]]

[Child Voluntary AD&D	
Age: Birth through 14 days:	[\$0-\$50,000]
Age: 15 days to 6 months:	[\$100-\$50,000]
Age: 6 months through Limiting Age:	[\$100-\$50,000]
Guarantee Issue:	[\$0-\$50,000]
Maximum Issue:	[\$0-\$50,000]]]

[Retiree Voluntary AD&D:	
Guarantee Issue:	[\$0-\$1,000,000/10-100%]
Maximum Issue:	[\$0-\$1,000,000/10-100%]
	[\$0-\$1,000,000/10-100%]]]

GLT-C700-0608

I. DEFINITIONS

Active Work and **Actively at Work** are defined in the “Eligibility for Insurance” section.

Annual Salary: Your current salary or wage from your Employer for the previous twelve months[, including [extra pay] [and] [commissions] [and] [bonuses] using a [12-36] month rolling average]. Annual Salary does not include [commissions,] [bonuses,] overtime pay or any other extra compensation.

Contributory means that You pay all or a portion of the premium for insurance.

Disabled or **Disability** means that: [as a result of Physical Disease or Injury, you are unable to perform with reasonable continuity a majority of the material duties of any occupation for which you are qualified by education, training and experience, and you are under the Regular Care and Attendance of a Physician.]

- a) [during the first 24 months of the Disability period, as a result of Physical Disease, Injury or pregnancy, You are unable to perform with reasonable continuity a majority of the material duties of Your own occupation and You are under the Regular Care of a Physician; or
- b) after the first 24 months, as a result of Physical Disease, Injury or pregnancy, You are unable to perform with reasonable continuity a majority of the material duties of any occupation for which You are qualified by education, training and experience, and You are under the Regular Care and Attendance of a Physician.]

Eligible Class means an employment classification defined by the Employer and specified in the “Schedule of Benefits.” You must be a member of an Eligible Class in order to be eligible for insurance under the Group Policy.

Eligible Dependent is defined in the “Eligibility for Insurance” section.

[**Eligible Employee** is defined in the “Eligibility for Insurance” section.]

Eligible Retiree is defined in the “Eligibility for Insurance” section.

Employee is defined in the “Eligibility for Insurance” section.

Employer means an Employer (including approved affiliates and subsidiaries) [participating in the Policyholder Trust to whom We have assigned a Plan Number and issued a Joinder Agreement / to whom we have assigned a Plan Number and issued a Policy].

Evidence of Insurability

1. Providing Evidence of Insurability means that a person applying for coverage under the Group Policy must:
 - a) complete and sign Our Evidence of Insurability application and return the original application to Us. The application must be received by Us no later than [30/60] days from the date of signing; and
 - b) authorize Us to obtain information about the applicant’s health; and
 - c) undergo a physical examination, if required by Us, which may include diagnostic testing; and
 - d) provide any additional information about the applicant’s insurability that We may reasonably require.
2. If any applicant is required to provide Evidence of Insurability, the applicant will be responsible for all costs associated with providing Evidence of Insurability.
3. In each case where Evidence of Insurability is required, We base Our decision whether to approve coverage on the information provided during the underwriting process. If We learn that the information relied on to approve coverage was incorrect, or that relevant information was omitted, We may retroactively rescind coverage and deny claims.

Group Policy (Policy) means the group insurance Policy issued by Us to the Policyholder under a specified Plan Number.

Guarantee Issue is the amount of coverage provided which is not subject to Evidence of Insurability.

Hospital means a legally operated Facility providing full-time medical care and treatment under the direction of a full-time staff of licensed Physicians, but not including rest homes, nursing homes, convalescent homes, homes for the aged and facilities primarily affording custodial, educational, or rehabilitative care.

Injury: Bodily Injury due to an Accident which: (1) results directly and independently of disease, bodily infirmity or any other causes; (2) solely, directly and independently of all other causes results in medical expense; (3) occurs after the effective date of the Insured Person's coverage; and (4) occurs while the Insured Person's coverage is in force. All Injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

Insured Person means an Eligible Employee, Eligible Dependent or Eligible Retiree whose coverage is in effect under the Group Policy.

[Joinder Agreement] means the document entered into between the Policyholder and the Employer describing the coverage requested by the Employer with respect to its Employees, which has been approved by Us and assigned a Plan Number.]

Late Enrollee means an Employee or Dependent who applies for coverage under the Group Policy more than 31 days after becoming an Eligible Employee or Eligible Dependent.

Limiting Age means the Child age(s) shown in the definition of Child in the Eligibility for Insurance section.

Noncontributory means the Employer pays the entire premium for insurance.

Physical Disease means a Physical Disease entity or process that produces structural or functional changes in the body as diagnosed by a Physician. Physical Disease includes pregnancy.

Physician means [a licensed medical professional under the laws of a state of the United States of America, acting within the scope of such license, who is permitted by law to prescribe medications and practice independent of supervision.] / [a qualified practitioner who is licensed, under the laws of a state of the United States of America, to diagnose and treat the physical or mental impairment(s) causing the Insured Person's Disability. This definition includes only the following practitioners, and only to the extent that the services provided are within the scope of the individual practitioner's professional license: M.D. – Doctor of Medicine, D.O. – Doctor of Osteopathy, [S.C. – Doctor of Surgical Chiropractic,] [O.D. – Doctor of Optometry,] [D.C. – Doctor of Chiropractic,] [D.D.S. – Doctor of Dental Surgery,] [D.M.D. – Doctor of Medical Dentistry,] [Podiatrist]].

For the purpose of this Group Policy, Physician will not include the Insured Person's Spouse, parent, brother, sister, or Child, including these members of a Spouse's family.

Plan Effective Date means the date on which the Group Policy, with respect to the Employer, becomes effective.

Plan Number means the number used by Us to reference an Employer and the terms of coverage specified under the Group Policy [and Joinder Agreement].

Prior Plan means the Employer's group life insurance plan in effect on the day immediately preceding the Plan Effective Date.

Proof of Loss is defined in the "Claims Provisions" section.

Regular Care and Attendance means observation and treatment by a Physician as required by current standards of medicine for the Injury or Physical Disease causing a Disability, but in any event not less than one such observation per year.

Retire and Retirement Date means the earlier of:

1. the date You Retire as such term is defined by Your Employer;
2. the date You receive or become eligible to receive, as defined by the Employer, retirement benefits under any pension plan to which the Employer contributes, or
3. the date You receive or become eligible to receive retirement benefits under, and as defined by, any state or federal retirement plan or under the Social Security Act or Railroad Retirement Act.
4. the date You reach the age defined in the "Schedule of Benefits".

You and Your means the Eligible Employee.

Waiting Period for Insurance Coverage is defined in the "Eligibility for Insurance" and "Schedule of Benefits".

We, Us and Our means [Madison National Life Insurance Company, Inc.].

II. ELIGIBILITY FOR INSURANCE

A. Employee Life Insurance Eligibility.

1. Employee Basic Life Insurance. To be eligible for Employee Basic Life Insurance under the Group Policy You must satisfy the following requirements:
 - a) You must be an **Eligible Employee**.
 - (1) Employee means an individual who works for the Employer as a member of an Eligible Class and who is reported on the Employer's records for Social Security and tax withholding purposes. [The term Employee also includes [board members/directors/or as determined by the Employer].]
 - b) You must be a citizen or legal resident of the United States of America or one of its territories.
 - c) You must be Actively at Work and capable of sustained Active Work.
 - (1) **Active Work** and **Actively at Work** mean working at Your Employer's usual place of business, and satisfying the Minimum Hourly Work Requirement. Actively at Work will include regularly scheduled days off, holidays, or vacation days, so long as You are capable of sustained Active Work on those days.
 - (2) **Minimum Hourly Work Requirement** means the work hours over a specified time period that are required of You by Your Employer in order to be eligible for coverage. Your Minimum Hourly Work Requirement is specified in the "Schedule of Benefits".
 - [(3)The Active Work requirement is waived during the time You are approved for benefits under the "Waiver of Premium Benefit" section.]
 - d) You must have satisfied Your Waiting Period for Insurance Coverage.
 - (1) **Waiting Period** means the period of time that You must be Actively at Work as an Employee for Your coverage to become effective. Your Waiting Period is specified in the "Schedule of Benefits". If You were insured for group term life insurance under the Prior Plan on the day before the Plan Effective Date.
 - e) You cannot be a member of more than one Eligible Class.
 - f) [You cannot be a part-time Eligible Employee, / temporary or seasonal Eligible Employee, / full-time member of the armed forces of any country / leased Eligible Employee, / or independent contractor].
 - g) [Where an employment contract specifies, coverage is available for board-approved long-term substitute teachers during the term of their contract. Coverage will not continue during summer months or any other period of time for which the long-term substitute teacher is not scheduled to work.]
- [2. Employee Supplemental Life Insurance. To be eligible for Employee Supplemental Life Insurance under the Group Policy, an applicant must be an Eligible Employee and satisfy the additional eligibility requirements, if any, as listed herein.]

[B. Dependent Life Insurance Eligibility.

1. The Employee applying for Dependent Life Insurance must be an Eligible Employee insured under the Group Policy and a member of a class that provides for Dependent Life coverage under the Group Policy.
2. To become eligible for Dependent Life Insurance under the Group Policy, an **Eligible Dependent** applicant must meet one of the following definitions:

- a) **Dependent** means Your Spouse or Child who is not in a Period of Limited Activity. Dependent does not include a person who is a full-time member of the armed forces of any country. [No person may be considered a Dependent of more than one Eligible Employee.] [No person can be covered under the Policy as an Employee and as a Dependent.]
 - (1) **Period of Limited Activity** means any period of time during which a person is confined in a Hospital or nursing facility [or if not confined, unable to carry on the regular and usual activities of a healthy person of the same age and sex.]
- b) **Spouse** means a person to whom You are legally married [, who is under age [65-99],] and from whom You are not legally separated.
- d) **Domestic Partner** means a person who lives in the same household and shares the common resources of life in a close, personal intimate relationship with You if, under state law, that individual would not be prevented from marrying You on account of age, blood relationship, or prior undissolved marriage to another.
 - [(1) A Domestic Partner may be of the same or opposite gender as You.]
 - [(2) You must have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the Employer and filed that affidavit for public record, if required by state law.]
 - [(3) Except where otherwise specified, a Domestic Partner will herein be the equivalent of a Spouse.]]
- e) **Child** means Your unmarried Child until age [19-21] [or age [23-25] if a full-time student. Full-time student means a registered student in full-time attendance at an accredited educational institution, including vocational training]. Child includes a stepchild or legal ward, a Child placed in the home for adoption and/or a legally adopted Child. [Except where otherwise specified, a Child of a Domestic Partner will be the equivalent of a Child of a Spouse under the Group Policy.]
- f) **Disabled Child** means Your unmarried adult Child who is, on and after the date on which insurance would end because of the Child's age, continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon You for support and maintenance, or institutionalized because of mental or physical handicap. You must provide proof of Your Disabled Child's status within 31 days after the date on which insurance would otherwise end because of the Child's age. Thereafter, We may require further proof of Your Disabled Child's status, but not more often than annually. Costs associated with such proof will be Your responsibility.

[3. Dependent Supplemental Life: To be eligible for Dependent Supplemental Life Insurance under the Group Policy, an applicant must be an Eligible Dependent and satisfy the additional eligibility requirements, if any, listed in the "Schedule of Benefits".]]

[C. Retiree Life Insurance Eligibility. **Eligible Retiree**, as shown in the "Schedule of Benefits.]

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III. BECOMING INSURED

- A. To become an Insured Person under the Group Policy, an applicant must meet the following requirements as each may apply:
 - 1. If Evidence of Insurability is required, the applicant must provide such Evidence of Insurability and be approved for coverage by Us. The "Schedule of Benefits" specifies when Evidence of Insurability is required.
 - 2. If the insurance is Contributory insurance, the applicant must apply in writing and remit the required premiums.

B. Effective Dates

1. Employee's Initial Enrollment

- a) Noncontributory insurance not subject to Evidence of Insurability or which is subject to Evidence of Insurability and has been approved by Us, becomes effective on the date You become an Eligible Employee, or as specified by your Employer. However, if You initially waive participation in such coverage and then later wish to participate, applications for Noncontributory insurance will be subject to Evidence of Insurability and will become effective as shown below.
- b) Contributory insurance subject to Evidence of Insurability, and Late Enrollee applications for coverage, become effective on [the first day of the month immediately following the month in which the Evidence of Insurability is approved by Us, except that if such approval occurs on the first day of a month, such coverage becomes effective on that day / the date We approve the Evidence of Insurability for such coverage.]
- c) Contributory insurance not subject to Evidence of Insurability, if You apply prior to, or within 31 calendar days commencing on, the date You become an Eligible Employee, Contributory insurance not subject to Evidence of Insurability becomes effective on the [date You become an Eligible Employee/first day of the month immediately following the month in which You become an Eligible Employee, except that if You become an Eligible Employee on the first day of a month, such coverage becomes effective on that day.] If You do not apply for Contributory insurance prior to, or within 31 days of becoming an Eligible Employee and subsequently wish to obtain such coverage, Evidence of Insurability will be required and Your coverage will become effective as provided in subsection b above.

2. Increases in Insurance

- a) Evidence of Insurability Required. An increase of insurance that is subject to Evidence of Insurability becomes effective [on the date on which the Evidence of Insurability for such coverage is approved by Us / on the first day of the month immediately following the month in which the Evidence of Insurability is approved by Us, except that if such approval occurs on the first day of a month, such coverage becomes effective on that day].
- b) Evidence of Insurability Not Required. An increase of insurance that is not subject to Evidence of Insurability becomes effective as follows:
 - (1) Based on change in Your classification, age or earnings [on the date of such change / on the first day of the month immediately following the date of such change, except that if such event occurs on the first day of a month, the increase in coverage becomes effective on that day];
 - [(2)An elective increase, as provided for in the "Schedule of Benefits", on the first day of the month immediately following the date You apply for the elective increase;]
 - [(3)Addition of a Dependent: on the date the Dependent becomes an Eligible Dependent, if You apply within 31 days of such date. Applicant will be treated as a Late Enrollee if application is not made timely. [However, while Your Dependent Life Insurance is in effect, each new Dependent becomes insured immediately.]]
 - [(4) Annual Enrollment Period: [[January] 1st] [on the first of the month immediately following the end of the Employer's Annual Enrollment Period], provided You apply during the Annual Enrollment Period. The Annual Enrollment Period is shown in the "Schedule of Benefits".]
 - [(5) Open Enrollment Period: [[January] 1st] [on the first of the month immediately following the end of the Employer's Annual Enrollment Period], provided You apply during the Open Enrollment Period. The Open Enrollment Period is shown in the "Schedule of Benefits".]

3. Decreases in Insurance

- a) A decrease in life insurance based on a change in Your classification, earnings, age or Your Dependent's age, becomes effective on the [date of the change/first day of the calendar month following the date of the change, except that if such event occurs on the first day of a month, the decrease in coverage becomes effective on that day].

- b) Any other decrease in insurance becomes effective on the first day of the calendar month following the date Your Employer receives Your written request for the decrease, except that if such event occurs on the first day of a month, the decrease in coverage becomes effective on that day.
4. Delayed Effective Date. If You are incapable of sustained Active Work due to Injury or Physical Disease on the day before the scheduled effective date of Your insurance or the effective date of a change in Your insurance, such insurance will not become effective until the day after You are capable of sustained Active Work and complete one day of Active Work as an Eligible Employee.
5. If Your coverage ends, You may become covered again, subject to the following:
- a) If Your coverage ends because You fail to make the required contribution while on an approved Family Medical Leave of absence, and then You return to Active Work and enroll for coverage within 31 days of the earlier of a) the end of the period of leave You and Your Employer agreed upon, or b) the end of the 12-week period following the date Your leave began, then the Waiting Period will be waived. Coverage is limited to what You had in effect prior to coverage ending or the coverage that is now available for Your Class, as determined by Us.
 - b) In all other cases, if Your coverage ends because You fail to make the required contribution, You must provide Evidence of Insurability to become covered again.
 - c) In no event will insurance coverage be retroactive.
 - d) [If You cease to be an Eligible Employee and coverage ends, and then You return to Active Work with the Employer again within [1-12] months, the Waiting Period will be waived on the first day of Your return to Active Work.]
 - e) [If You are an Eligible Employee [on the date Your school contract terminates] and coverage ends, and then You return to Active Work again within [1-12] months , the Waiting Period will be waived on the first day of the new contract term.]

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IV. WHEN COVERAGE ENDS

- A. Except as otherwise provided for under this Certificate, coverage will cease on the earliest of the following to occur:
- 1. the date the Group Policy terminates [or the date Your Employer's coverage under the Group Policy terminates];
 - 2. [the date You cease to be an Eligible Employee/the end of the month following the date you cease to be an Eligible Employee];
 - 3. if premium is not paid when required, the last day of the period for which premium was paid;
 - 4. the date You [become eligible for coverage/become covered] as an employee under another group term life insurance policy;
 - 5. if You are a contract Eligible Employee not returning to work as an Eligible Employee the next contract year, the earlier of the following:
 - a) the date You become employed with another employer;
 - b) [Your Retirement Date[, unless You become insured for Retiree Life Insurance under the Group Policy];]
 - c) expiration of the current contract year;]
 - 6. Your Retirement Date[, unless You become insured for Retiree Life Insurance under the Group Policy].]
 - 7. for Dependent coverage, the date a Dependent is no longer eligible for Dependent coverage.]
 - 8. for AD&D coverage, the earlier of the date Your corresponding life insurance ends[, the date you are no longer Actively at Work][, the date Your Waiver of Premium Benefit begins] [or] [Your Retirement Date].]

[B. Retiree Life Insurance will cease as specified in the “Schedule of Benefits”.]

C. Approved FMLA Leave of Absence – Contributory or Noncontributory Coverage

1. With regard to the Federal Family and Medical Leave Act (FMLA) of 1993, as amended, the Employer and Employee must be eligible for FMLA in order to receive it. If You are on an approved FMLA leave, coverage will continue until the later of the leave period required by FMLA or the leave period required by applicable state law, provided that :
 - a) We receive written notice in advance of a leave approved by the Employer which includes the beginning and ending dates of the leave; and
 - b) FMLA leaves of absence and the right to continue coverage during FMLA leaves are available to all Employees in the same Eligible Class under the Group Policy; and
 - c) the Employer remits the required premium for coverage.

[D. Paid Sabbatical - If You are a professional Employee [(administrator or certified teacher)] on a paid sabbatical leave, coverage will continue subject to the following:

1. Noncontributory Coverage
 - a) Coverage will continue provided that:
 - (1) We receive written notice in advance of a paid sabbatical approved by the Employer which includes the beginning and ending dates of the sabbatical; and
 - (2) paid sabbaticals and the right to continue coverage during paid sabbaticals are available to all Employees in the same Eligible Class under the Group Policy; and
 - (3) the Employer remits the required premium for coverage.
 - b) Unless You return to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of the date the paid sabbatical is scheduled to end or [1-60] months from the date the paid sabbatical began.
2. Contributory Coverage
 - a) Coverage will continue provided that:
 - (1) We receive written notice in advance of a paid sabbatical approved by the Employer which includes the beginning and ending dates of the leave; and
 - (2) paid sabbaticals and the right to continue coverage during paid sabbaticals are available to all Employees in the same Eligible Class under the Group Policy; and
 - (3) You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.
 - b) Unless You return to active, eligible status on or before the date the paid sabbatical is scheduled to end, coverage extended during a paid sabbatical will terminate on the earlier of:
 - (1) the date the paid sabbatical is scheduled to end;
 - (2) [3 months] from the date the paid sabbatical began; or
 - (3) the date You fail to pay the premium as required.
 - c) If You choose not to continue coverage or Your coverage terminates during a paid sabbatical and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]

[E. Unpaid Sabbatical - If You are a professional Employee [(administrator or certified teacher)] on an unpaid sabbatical leave, coverage will continue subject to the following:

1. Noncontributory Coverage
 - a) Coverage will continue provided that:
 - (1) We receive written notice in advance of an unpaid sabbatical approved by the Employer which includes the beginning and ending dates of the unpaid sabbatical; and
 - (2) unpaid sabbaticals and the right to continue coverage during unpaid sabbaticals are available to all Employees in the same Eligible Class under the Group Policy; and
 - (3) the Employer remits the required premium for coverage.

- b) Unless You return to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of the date the unpaid sabbatical is scheduled to end or [1-60] months from the date the unpaid sabbatical began.

2. Contributory Coverage

- a) Coverage will continue provided that:
 - (1) We receive written notice in advance of an unpaid sabbatical approved by the Employer which includes the beginning and ending dates of the leave; and
 - (2) unpaid sabbatical leaves of absence and the right to continue coverage during unpaid sabbatical leaves are available to all Employees in the same Eligible Class under the Group Policy; and
 - (3) You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.
- b) Unless You return to active, eligible status on or before the date the unpaid sabbatical is scheduled to end, coverage extended during an unpaid sabbatical will terminate on the earlier of:
 - (1) the date the unpaid sabbatical is scheduled to end;
 - (2) [3 months] from the date the unpaid sabbatical began; or
 - (3) the date You fail to pay the premium as required.
- c) If You choose not to continue coverage or Your coverage terminates during an unpaid sabbatical and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]

[F. Paid Leave of Absence. If You are on a paid leave of absence, coverage will continue subject to the following:

1. Noncontributory coverage

- a) Coverage will continue provided that:
 - (1) We receive written notice in advance of a leave approved by the Employer which includes the beginning and ending dates of the leave; and
 - (2) paid leaves of absence and the right to continue coverage during paid leaves are available to all Employees in the same Eligible Class under the Group Policy; and
 - (3) the Employer remits the required premium for coverage.
- b) Unless You return to active, eligible status on or before the date the leave is scheduled to end, coverage extended during a paid leave will terminate on the earlier of the date the paid leave is scheduled to end or [1-60] months from the date the paid leave began.

2. Contributory Coverage

- a) Coverage will continue provided that:
 - (1) We receive written notice in advance of a paid leave of absence approved by the Employer which includes the beginning and ending dates of the leave; and
 - (2) paid leaves of absence and the right to continue coverage during paid leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and
 - (3) You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.
- b) Unless You return to active, eligible status on or before the date the paid leave of absence is scheduled to end, coverage extended during a paid leave of absence will terminate on:
 - (1) the date the paid leave of absence is scheduled to end;
 - (2) [1-60] months from the date the paid leave of absence began; or
 - (3) the date You fail to pay the premium as required.
- c) If You choose not to continue coverage or Your coverage terminates during a paid leave of absence and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]

[G. Unpaid Leave of Absence - If You are on an unpaid leave of absence, coverage will continue subject to the following:

1. Noncontributory Coverage

a) Coverage will continue provided that:

- (1) We receive written notice in advance of an unpaid leave of absence approved by the Employer which includes the beginning and ending dates of the unpaid leave of absence; and
- (2) unpaid leaves of absence and the right to continue coverage during unpaid leaves of absence are available to all Employees in the same Eligible Class under the Group Policy; and
- (3) the Employer remits the required premium for coverage.

b) Unless You return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of the date the unpaid leave of absence is scheduled to end or [1-60] months from the date the unpaid leave of absence began.

2. Contributory Coverage

a) Coverage will continue provided that:

- (1) We receive written notice in advance of an unpaid leave of absence approved by the Employer which includes the beginning and ending dates of the leave; and
- (2) unpaid leaves of absence and the right to continue coverage during unpaid leave of absence are available to all Employees in the same Eligible Class under the Group Policy; and
- (3) You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.

b) Unless You return to active, eligible status on or before the date the unpaid leave of absence is scheduled to end, coverage extended during an unpaid leave of absence will terminate on the earlier of:

- (1) the date the unpaid leave of absence is scheduled to end;
- (2) [1-60] months from the date the unpaid leave of absence began; or
- (3) the date You fail to pay the premium as required.

c) If You choose not to continue coverage or Your coverage terminates during an unpaid leave of absence and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]

[H. Paid Suspension - If You are on a paid suspension, coverage will continue subject to the following:

1. Noncontributory Coverage

a) Coverage will continue provided that:

- (1) We receive written notice in advance of a paid suspension approved by the Employer which includes the beginning and ending dates of the paid suspension; and
- (2) the right to continue coverage during a paid suspension is available to all Employees in the same Eligible Class under the Group Policy; and
- (3) the Employer remits the required premium for coverage.

b) Unless You return to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during a paid suspension will terminate on the earlier of the date the paid suspension is scheduled to end or [1-60] months from the date the paid suspension began.

2. Contributory Coverage

a) Coverage will continue provided that:

- (1) We receive written notice in advance of a paid suspension approved by the Employer which includes the beginning and ending dates of the leave; and
- (2) paid suspensions and the right to continue coverage during paid suspensions are available to all Employees in the same Eligible Class under the Group Policy; and
- (3) You continue to pay the required premium to the Employer without interruption and the Employer continues to remit premium to Us on Your behalf.

- b) Unless You return to active, eligible status on or before the date the paid suspension is scheduled to end, coverage extended during a paid suspension will terminate on the earlier of:
 - (1) the date the paid suspension is scheduled to end;
 - (2) [1-60] months from the date the paid suspension began; or
 - (3) the date You fail to pay the premium as required.
- c) If You choose not to continue coverage or Your coverage terminates during a paid suspension and You subsequently wish to obtain coverage, You will be treated as a Late Enrollee and be required to provide Evidence of Insurability.]

[I. Layoffs - Contributory or Noncontributory Coverage

- 1. If You are on a leave of absence due to a lay-off, coverage will continue through the end of the [month/month following the month] in which You last worked prior to the lay-off, provided that any premium for You is paid for that month.]

J. Termination or Amendment of the Group Policy [and Employer Coverage]

- 1. The Group Policy may be terminated, changed or amended in whole or in part by Us or the Policyholder according to the terms of the Group Policy. Any such change or amendment may apply to current or [future Employers and] eligible persons covered under the Group Policy or to any separate classes or categories thereof. [An Employer's coverage under the Group Policy may be terminated, changed or amended in whole or in part by Us or the Employer according to the terms of the Group Policy.]
- 2. We may change the Group Policy [and any Employer's coverage under the Group Policy] in whole or in part: (i) when any change or clarification in law or governmental regulation affects Our obligations under the Group Policy, or (ii) with the Policyholder's or Employer's consent.
- 3. We may terminate an Employer's coverage on any premium due date by giving the Employer not less than 60 days advance notice. An Employer may terminate coverage under the Group Policy in whole, and may terminate insurance for any class or group of eligible persons, at any time by giving Us advanced written notice at least 60 days prior to such termination. Insurance will terminate automatically for nonpayment of premium.
- 4. Benefits are limited to the terms of [Your Employer's coverage under] the Group Policy, including any valid amendments. No change or amendment of [Your Employer's coverage under] the Group Policy will be valid unless it is approved in writing by one of Our executive officers and delivered to [Your Employer / the Policyholder]. The Policyholder[, Your Employer] and their Eligible Employees or representatives have no right or authority to change or amend the Group Policy [or Your Employer's coverage under the Group Policy] or to waive any terms or provisions thereof without Our signed, written approval.

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[V. LIFE INSURANCE - WAIVER OF PREMIUM BENEFIT

A. Waiver of Premium Definitions

- (1) **Elimination Period** means the period of [0 days-12 months] beginning on the date You become Disabled.
- (2) **Life Insurance** under this Waiver of Premium Benefit means all of the Life Insurance, as listed in the Schedule of Benefits, in force under the Group Policy on the day before the day You become Disabled.
- (3) **Proof of Disability** means documented clinical findings that prove that You are Disabled.

B. Waiver of Premium does not apply to AD&D Insurance [Dependent Life,] [Supplemental Life,] [, Retiree Life Insurance] [or] [Paid Up Life Insurance].

C. Your Life Insurance will be continued as provided for under this section without payment of premium, if all of the following conditions are met:

- (1) You become Disabled prior to age [60-100] while insured under the Group Policy;
- (2) You remain Disabled without interruption for the duration of the Elimination Period;

- (3) You provide Us with written notice of Your Disability within 30 days after [the end of Your Elimination Period/the later of 30 days after the end of Your Elimination Period or an approved leave of absence not to exceed 12 months];
 - (4) You provide Us with satisfactory written Proof of Disability within [3-12] months from the last day of the Elimination Period;
 - (5) Your claim is approved by Us.
- D. When the Waiver of Premium Benefit Begins. If You qualify and are approved for the Waiver of Premium Benefit, Your premium will be waived beginning on the first day of the month immediately following the end of Your Elimination Period.
- E. When Waiver of Premium Ends. Waiver of Premium ends on the earliest to occur of the following:
1. The date You cease to be Disabled;
 2. The 91st day following the date We mail to You a request for additional Proof of Disability with which You fail to comply;
 3. The date You refuse to submit to a medical examination or to cooperate with Our chosen health care provider;
 4. The date You refuse to submit to or undergo vocational rehabilitation (which determines employment opportunities, if any, for individuals with disabilities);
 5. The date at which You've resided outside of the United States of America, or one of its territories during any [6/9/12] consecutive months for which premium had been waived;
 6. The effective date of an individual life insurance policy issued to You under the "Life Insurance Conversion Benefit" section.
 - [7. The premium due date immediately prior to Your [[65-100th] birthday/attainment of Your Social Security Normal Retirement Age];]
 - [8. The date You Retire, unless such Retirement is due to a Disability];]
 - [9. On the Premium Due Date immediately prior to: (a) the Insured Person's [65th-70th] birthday if Totally Disabled prior to age [60-70], or (b) the earlier of age [65-70] or 12 months if Totally Disabled between ages [60-70].]
- F. Premiums
1. Premium payment must continue until the later of the end of Your Elimination Period or the date Your claim for the Waiver of Premium Benefit is approved by Us.
 2. If Your Waiver of Premium benefit terminates because You cease to be Disabled or You fail to submit to a medical exam or cooperate with the examiner, for coverage to continue, You must be an Eligible Employee and premiums must resume on the next premium due date, or You must continue coverage as provided for under the "Life Insurance Conversion Benefit" section.
 - [3. If We approve Your claim for the Waiver of Premium Benefit, We will refund up to 12 months of the premiums that were paid for Life Insurance in place after the date You became Disabled.]
- G. Amount of Insurance
1. The amount of Life Insurance continued under the Waiver of Premium Benefit is the amount in effect on the day before You became Disabled, if you were Actively at Work.
 2. Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before You became Disabled.
 3. Your Life Insurance amount will not increase while Your Life Insurance premiums are being waived.
- H. We will not waive premiums if Your Disability results from intentionally self-inflicted Injuries or Physical Diseases, while sane or insane, or from Your voluntary participation in an illegal activity.
- I. If You die during the Elimination Period and are otherwise eligible for the Waiver of Premium Benefit, the Elimination Period will not apply.
- J. We may require further Proof of Disability in intervals that are reasonable based on Your type of Disability.
- K. Investigation Of Claim

With respect to benefits that are claimed during an Insured Person's lifetime, We may require him or her to undergo examination at reasonable intervals, at Our expense. Any such examinations will be conducted by appropriate Physician of Our choice. We may deny or suspend benefits if You fail to attend an examination, or do not give full effort and cooperation to the examiner.

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[VI. LIFE INSURANCE - LIVING BENEFIT]

Terminally Ill and **Terminal Illness** mean a medical condition that is expected to result in Your death within [6-24] months.

- A. If You become Terminally Ill while covered for life insurance under the Group Policy You may elect to receive the Living Benefit as provided for under this section.
- B. The Living Benefit will be an amount equal to [25-100]% of Your Employee Basic Life Insurance [plus Your Employee Supplemental Life Insurance] in effect on the date Your election is made, subject to a minimum of \$[5,000-50,000] and a maximum of \$[25,000-1,000,000]. The amount payable will be equal to the Living Benefit less applicable amounts, if any, charged for an investment loss (interest) and administrative fees.
- C. The payment will be made in one lump sum to You or to the payee You appropriately assign.
- D. The Living Benefit will not be available if:
 - 1. You have any portion of any Life Insurance or ownership rights thereof absolutely or irrevocably assigned or transferred;
 - 2. You have made an irrevocable beneficiary designation;
 - 3. the insurance proceeds are subject to a court order under a divorce decree, separate maintenance agreement or property settlement agreement;
 - 4. You have filed for bankruptcy, unless You give Us written approval from the bankruptcy court for payment of the Living Benefit; [and]
 - 5. [Your Terminal Illness resulted from an intentionally self-inflicted Injury or suicide attempt within the first two years after Your effective date of coverage or an insurance increase].
- E. No payment will be made under this election unless and until We receive and approve of all of the following:
 - 1. Your signed and notarized election of this option on a form furnished by Us;
 - 2. signed and witnessed written statements of all irrevocable beneficiaries and assignees (and Spouse in marital property states) consenting to Your election of this option; and
 - 3. satisfactory written proof from a Physician other than Yourself or a member of Your or Your Spouse's immediate family that You have been diagnosed as being Terminally Ill and that You are of sound mind and under no constraint or undue influence.
- F. We may require a second opinion and examination of Your condition at Our own expense by a Physician of Our choice.
- G. Payment of the Living Benefit will reduce correspondingly the face amount of Your life insurance benefits under the Group Policy. This will result in reduced life insurance proceeds payable to Your beneficiary at Your death. Furthermore, any amount of insurance that would otherwise be continued [under the "Waiver of Premium Benefit" section] will be reduced proportionately, as will the maximum face amount available under the "Life Insurance Conversion Benefit" section.
- H. Premium payments must continue to be paid for Your life insurance unless You qualify to have Your life insurance premium waived. [The premium payment due will not be affected by any Living Benefit paid under this provision.][The premium due will be based on the amount of insurance remaining in force after deducting the amount of the Living Benefit.]

- I. Payment of the Living Benefit will not affect the amount of, or change an existing beneficiary designation for, the AD&D Benefit, if any, in effect and kept in force under the Group Policy.
- J. Your election together with Our payment of the Living Benefit constitute a valid and effective beneficiary designation change, but only with respect to the specified life insurance benefits, and only to the extent affected by the Living Benefit payment, and applicable interest and fees, if any, charged thereon.
- J. Payment of the Living Benefit will be exempt from the claims of creditors and from legal process to the extent permitted by law.
- K. All other provisions of the Group Policy, including the effective date provisions of any benefit increases and the provisions on benefit reductions because of amendments to the plan or benefit classification changes or Your attained age, remain valid and in effect. Any such life insurance benefit reduction will be calculated based on Your life insurance amount in effect immediately before the Living Benefit payment.
- M. You are responsible for any tax consequences related to this benefit.]

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[VII. RETIREMENT LONG TERM CARE BENEFIT]

- A. At the time of Your Retirement, and upon notification to Us of Your Retirement, You will receive a Long Term Care benefit that provides reimbursement for services that are required by people who are functionally or cognitively Disabled due to Injury, Physical Disease or aging. These services may be provided in a variety of care settings, including Your home.
- B. An Insured Person will be eligible if for this benefit if:
 - 1. he or she is Actively at Work on his or her Retirement Date; and
 - 2. he or she is age 55 or older on his or her Retirement Date, or he or she is retiring by virtue of having satisfied the normal retirement age or service requirement under the Employer's retirement plan, whichever is less; and
 - 3. We receive notification from the Insured Person within six months after his or her Retirement Date. If notification is received more than six months after such date, Evidence of Insurability will be required to obtain coverage; and
 - 4. the he or she has not purchased an individual long term care insurance policy from Us prior to his or her Retirement Date. If the Insured Person has previously purchased a long term care insurance policy from Us, he or she will not be eligible for this benefit.
- C. Within 45 days following the date the We receive notification of the Insured Person's retirement, or the actual date of his or her retirement, whichever is later, We will send the Insured Person application and coverage information.
- D. If elected, the coverage will be provided at no cost [during the first [90] days] following the Insured Person's Retirement Date. Thereafter, the Insured Person may continue coverage by paying required premiums when due.
- E. This provision does not affect the Insured Person's Group Policy and resultant benefits under this Certificate in any way.]

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[VIII. LIFE EXCLUSIONS]

[A. Suicide Exclusion

1. Except as provided for below, no death benefits will be payable for a death of an Insured Person occurring within 2 years from the Insured Person's effective date of coverage under the Group Policy, if such death was caused by suicide, attempted suicide, or any other intentionally self-inflicted Injury or Physical Disease, while sane or insane. This Suicide Exclusion shall reapply to increases of such insurance as of the effective date of the increase.
2. We will refund all premiums paid for any coverage under which benefits are excluded from payment under this provision.
3. If You were covered under the Prior Plan on the day before the Effective Date under the Group Policy, credit will be given for the time You were insured under the Prior Plan.
- [4. This exclusion does not apply to [insurance coverage which is 100% paid for by the Employer / Employee Basic Life Insurance].]

[B. Substance Abuse Exclusion. No death benefits will be payable, and we will refund all premiums paid for Life Insurance, if death results while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician, but not for the treatment of Substance Abuse.

Substance Abuse means a condition listed in the latest edition of American Psychiatric Association Diagnostic and Statistical Manual or the International Classification of Disease within a classification category or code including but not limited to 291, 292, 303, 304 or 305.]

GTL-C1200-0608

[IX.] LIFE INSURANCE CONVERSION BENEFIT

A. When Coverage Ends.

1. If an Insured Person's coverage under the Policy ends, the Insured Person may, as described below, apply for Our individual life insurance policy without submitting Evidence of Insurability.
 - a) The Insured Person must complete an application, pay the first premium, and send them to Us within the 31-day period immediately following the date coverage ends under the Policy (the Conversion Period).
 - b) The individual policy will become effective on the first day following the date coverage under the Policy ends.
 - c) The Insured Person may convert all or part of the amount of life insurance benefit, as shown in the "Schedule of Benefits".
2. If an Insured Person has been insured under the Policy for at least five years and is no longer eligible due to cancellation of the Policy or cancellation of the class of insureds in which the Employee belonged, an Insured Person may convert the lesser of: (1) \$10,000 or (2) all or part of the amount for which the Insured Person is no longer eligible for under the Policy.

B. Premiums.

1. Premiums for such individual life policy will be based on: (1) Our usual rate for the amount and type of individual policy; (2) the Insured Person's class of risk; and (3) the Insured Person's attained age.
2. If an Insured Person dies during the Conversion Period, the maximum amount of life insurance to which he or she would have been entitled to under such individual policy shall be payable as a claim under the Group Policy, whether or not application for the individual policy or the payment of the first premium has been made.
3. The rights or benefits granted under this provision are in lieu of any other rights or benefits granted under the Group Policy.

GTL-C1300-0608

[X. PAID UP LIFE INSURANCE BENEFIT

If an Employee is eligible for the Paid Up Life (PUL) Benefit, as shown in the Schedule of Benefits, and meets all of the requirements outlined below, We will continue Basic Life Insurance for his or her lifetime and waive further premium payment as stipulated in this section.

A. Eligibility Requirements for this PUL Benefit:

- 1) the Employee is age 65 or older;
- 2) the Employee retired on or after age [50-65];
- 3) the Employee worked [10-20] or more of the last [10-20] years as a teacher, an employee, counselor, or an administrator in an accredited institution of elementary, secondary, higher education, or for other United States governmental employers;
- 4) the Employer continued to pay the required premium for such Employee until the later of the following:
 - a) the first day of the month coinciding with or following the Employee's 65th birthday, or
 - b) the day the Employee retires;
- 5) on the later of the first day of the month coinciding with or following the Employee's 65th birthday or the day the Employees retires, the Policy and this PUL Benefit are in force; and
- 6) the Employer provides Us with information necessary to verify these requirements have been met.

B. Benefit Amounts

- 1) The PUL Benefit amount is the lesser of: (a) the Employee's Basic Life Insurance amount on the date of retirement, multiplied by the applicable percentage from the Vesting Table; or (b) \$[10,000-50,000].
- 2) The amount of Employee Basic Life Insurance after retirement, but prior to age 65, is equal to the Retiree Life Insurance amount shown in the Schedule of Benefits.

C. PUL Vesting Schedule:

TIME PERIOD PREMIUM WAS REMITTED	VESTING SCHEDULE			
Time Vested	[8 Years	[6 Years	[3 Years	[1 Year
[0 through 11 months	0%	0%	0%	0%
1 full year	0%	3%	10%	30%
2 full years	0%	7.5%	20%	-
3 full years	3%	12%	30%	-
4 full years	7.5%	18%	-	-
5 full years	12%	24%	-	-
6 full years	18%	30%	-	-
7 full years	24%	-	-	-
8 full years]	30%]	-]	-]	-]

If the Employee's Basic Life amount increases, the vesting period for the increased amount will begin on the effective date of the change.

GTL-C1400-0608

[XI. LIFE INSURANCE PORTABILITY BENEFIT

A. Schedule of Portable Coverage.

1. Portable Coverage is available for the following types of insurance You have in effect on the last day of Your employment with the Employer:
 - [a] Employee Basic Life Insurance;]
 - [b] Dependent Basic Life Insurance;]
 - [c] Employee Supplemental Life Insurance;]
 - [d] Dependent Supplemental Life Insurance;]
 - [e] Employee benefits under the Accidental Death and Dismemberment Section;] [and]
 - [f] Dependent benefits under the Accidental Death and Dismemberment Section.]

- B. When Coverage Ends. If Your life insurance coverage under the Group Policy end because Your employment with the Employer terminates, You may be eligible to purchase portable group life insurance without submitting Evidence of Insurability. You may purchase all or some of Your life insurance in force at the time Your employment ends, but not [less than a minimum of \$[0-10,000] / more than a maximum of \$[1,000-1,000,000]].
- C. Eligibility. To be eligible for Portable Coverage, You must meet the following requirements on Your last day of employment with the Employer:
- [1. You must be an Insured Person and have been insured under the Group Policy [for at least [3-12] consecutive months ending] on Your last day of employment with the Employer;]
 - [2. You must be under [the Social Security Normal Retirement Age as stated in the 1983 revision or any subsequent revisions of the United States Social Security Act; / the Age of [65-80];]
 - [3. You cannot be Disabled;]
 - [4. Your termination of employment must not be due to [Retirement or] gross misconduct;]
 - [5. You cannot be covered under any other group term life insurance plan.]
- D. Application and Premium Payment
1. You must apply in writing and pay the first premium within 31 days after Your last day of employment with the Employer.
 2. Premium checks are payable to [Madison National Life Insurance Company, Inc.], and must be made directly to Us in a timely manner as specified by Us at the time coverage is ported.
- E. Effective Date of Portable Coverage. Provided the above requirements are met, Portable Coverage will become effective the first day immediately following Your last day of coverage through the Employer.
- F. The following Benefits/Sections are Excluded from being portable under this Section:
1. Any coverages not specifically listed under the “Schedule of Portable Coverage” subsection above. [;]
 - [2. Waiver of Premium;]
 - [3. Living Benefit;] [and]
 - [4. Repatriation Benefit.]
- G. Other Portability Terms and Requirements.
1. If You do not purchase Portable Coverage for Yourself, You may not purchase Portable Coverage for any Dependent.
 2. Refer to the “Life Insurance Conversion Benefit” section for information on eligibility to convert Your group insurance to an individual life insurance policy. The combined amounts of Portable Coverage and coverage obtained under the “Life Insurance Conversion Benefit” section cannot exceed the amount in effect under the Group Policy on the last day of Your employment with the Employer.
 3. You may reduce Your amount of Portable Coverage at any time by providing Us with a written request. Such a reduction will be effective on the first day of the month following the month in which the request was received. You may not increase Your Portable Coverage.
 4. Your Portable Coverage is governed by the terms of the Group Policy, and will be reduced or terminated according to the terms therein.
 5. In the event of termination of [Your Employer’s coverage under] the Group Policy, Your Portable Coverage will be provided under a separate group insurance policy, and will contain provisions that may differ from Your coverage [through Your Employer] under the Group Policy. You will receive Your coverage information when You purchase the Portable Coverage.
 6. If You do not complete and submit a new beneficiary designation form with Your application for Portable Coverage, Your beneficiary designation on file under the Group Policy will apply to Your Portable Coverage.]

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[XII. ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

- A. If an Insured Person has an Accident while insured for Accidental Death and Dismemberment (AD&D) Insurance and the Accident results in a Loss (as defined below), We will pay benefits according to the terms of the Group Policy after We receive Proof of Loss.
- B. Eligibility. An Insured Person must be a member of a class that is eligible for AD&D coverage under the Group Policy as specified in the “Schedule of Benefits”.
- C. Definitions for AD&D Insurance
1. **Loss** means Loss of one or more of the body parts or bodily functions listed under “AD&D Benefit” below, or as otherwise provided for under this “Accidental Death and Dismemberment Insurance” section, which:
 - a) is caused solely and directly by an Accident;
 - b) occurs independently of all other causes;
 - c) occurs within [30-365] days after the Accident; and
 - d) while the Insured Person is covered under the Group Policy.
 2. **Accident:** A sudden, unexpected and unforeseen, identifiable event causing bodily Injury, directly produced by specific accidental contact with another body or object. The Accident must occur while You are covered under the Group Policy.
 3. With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint.
 4. With respect to sight, speech or hearing, Loss means entire and irrecoverable Loss of that function.
- D. **AD&D Benefit.** The AD&D Benefit is equal to a percentage of the AD&D Insurance Amount in effect on the date of the Accident[, subject to the AD&D Reduction Schedule provision set forth in the “Schedule of Benefits”]. The AD&D Insurance Amount is shown in the “Schedule of Benefits”. The percentage is shown below.

<u>Covered Losses:</u>	<u>Maximum Amount Payable</u>
Loss of Life	100%
[Loss of both Hands or both Feet	[10-100%] \$[≥ max benefit]]
[Loss of one Hand or one Foot	[10-100%] \$[≥ max benefit]]
[Loss of [1-3] limbs [on [part of] body	[10-100%] \$[≥ max benefit]]
[Loss of one Hand and one Foot	[10-100%] \$[≥ max benefit]]
[Loss of Entire Sight of both Eyes	[10-100%] \$[≥ max benefit]]
[Loss of Entire Sight in one Eye	[10-100%] \$[≥ max benefit]]
[Loss of one Hand or one Foot and Entire Sight of one Eye	[10-100%] \$[≥ max benefit]]
[Loss of Speech and of Hearing in both Ears	[10-100%] \$[≥ max benefit]]
[Loss of Hearing in both Ears	[10-100%] \$[≥ max benefit]]
[Loss of Thumb and Index Finger of the same Hand	[10-100%] \$[≥ max benefit]]
[Loss of each Thumb of both Hands	[10-100%] \$[≥ max benefit]]
[Loss of all Fingers of one Hand	[10-100%] \$[≥ max benefit]]
[Loss of all Toes of one Foot	[10-100%] \$[≥ max benefit]]
[Quadriplegia	[10-100%] \$[≥ max benefit]]
[Paraplegia	[10-100%] \$[≥ max benefit]]
[Hemiplegia	[10-100%] \$[≥ max benefit]]

- E. Unless otherwise specified, no more than 100% of the applicable AD&D Insurance Amount will be paid for all Losses resulting from one Accident. If an age reduction applies, the benefit reduces on the date You attain that age.

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[F. Additional AD&D Benefits

- [1. Surgical Reattachment Benefit: An amount equal to [5-100]% for an eligible Loss will be paid if a dismembered part is surgically reattached. If, after 365 days, the reattachment fails and loss of use again occurs, then the balance of the amount that would otherwise have been payable will be paid.]
- [2. Exposure Benefit. If, due to an accidental bodily Injury an Insured Person is unavoidably exposed to the elements and as a result of such exposure the Insured Person incurs a Loss for which payment would otherwise have been made within 365 days after the date of the Injury, such Loss will be deemed to be the result of the Injury.]
- [3. Disappearance Benefit. If an Insured Person disappears as the result of an accidental wrecking, sinking or disappearance of a conveyance in which he or she is riding, and his or her body is not found within 365 days after the date of disappearance, it will be presumed, subject to no evidence to the contrary and subject to all of the provisions of this Certificate, that the Insured Person is dead and has died as a result of an accidental bodily Injury.]
- [4. Felonious Assault Benefit. We will pay an additional [5-100]% of the amount of benefit payable if You incur a Loss as a result of a felonious assault inflicted upon Yourself. The felonious assault must be inflicted by someone other than fellow Eligible Employees or members of Your family or household and while You are working on Your Employer's premises. A report of the criminal activity is required to have been filed with the appropriate law enforcement authority within 48 hours of the incident. The criminal and civil codes where the felonious assault or attempt was perpetrated shall be the basis for interpretation of the terms used in this paragraph.]

[5. Seat Belt Benefit.

Seat Belt means a properly installed Seat Belt, lap and shoulder restraint, or other restraint[, except an Air Bag,] approved by the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways

a) We will pay a Seat Belt Benefit if:

- (1) an Insured Person who is covered by the Seat Belt Benefit dies as a result of an Automobile Accident for which an AD&D Benefit is payable; and
- (2) such Insured Person was wearing a Seat Belt at the time of the Accident, as evidenced by a police accident report.

b) We will not pay a Seat Belt Benefit with respect to an Insured Person if the Automobile Accident:

- (1) occurs when the Automobile driven by such Insured Person is being used for racing, stunting or exhibition work;
- (2) occurs when such Insured Person is in violation of any traffic laws of the jurisdiction in which the Automobile is being operated; or
- (3) occurs while such Insured Person is driving legally intoxicated as defined by the laws of the jurisdiction in which the vehicle was being operated.

c) Amount of Benefit. The Seat Belt Benefit is paid in addition to the AD&D Benefit paid because of the Insured Person's accidental death and equals [[5-100]% of the amount of the AD&D Insurance Amount / the lesser of the following:

- (1) \$[5,000-50,000]; or
- (2) [5-100]% of the applicable AD&D Insurance Amount.]]

[6. Air Bag Benefit

Air Bag means an Automobile safety device consisting of a bag designed to inflate automatically especially in front of an occupant in case of collision.

a) We will pay an Air Bag Benefit for an Insured Person if:

- (1) the private passenger car was equipped with an airbag for the seat in which the Insured Person was seated; and
- (2) the seatbelt(s) was in use and properly fastened at the time of the covered Accident.

- b) We will not pay an Air Bag Benefit with respect to an Insured Person if:
 - (1) the Automobile Accident occurs when the Automobile driven by such Insured Person is being used for racing, stunting or exhibition work;
 - (2) the Automobile Accident occurs when such Insured Person is in violation of any traffic laws of the jurisdiction in which the Automobile is being operated; or
 - (4) the Automobile Accident occurs while such Insured Person is driving legally intoxicated as defined by the laws of the jurisdiction in which the vehicle was being operated.
 - (5) the Insured Person was the driver of the private passenger car and did not hold a valid driver's license at the time of the Accident;
 - (6) We determine that the airbag(s) had been disengaged prior to the Accident;
- c) Amount of Benefit. The Air Bag Benefit is paid in addition to the AD&D Benefit paid because of the Insured Person's accidental death and equals [[5-100]% of the amount of the AD&D Insurance Amount] [the lesser of the following:
 - (1) \$[5,000-50,000]; or
 - (2) [5-100]% of the applicable AD&D Insurance Amount.]]

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[7. Burn Benefit

- a) We will pay a Burn Benefit if, as the result of an accidental bodily Injury, the Insured Person covered by the Burn Benefit is disfigured due to a third-degree burn (full thickness). The Burn Benefit is equal to the percentage of the AD&D Insurance Amount as determined under the Burn Schedule below. The most We will pay for any combination of covered Losses, including this Burn Benefit, from any one Accident is 100% of the applicable AD&D Insurance Amount.

<u>Covered Losses</u>	<u>Maximum Amount Payable</u>
Burns of the Face, Neck, or Head	[5-100]%
Burns of the front or back Torso.....	[5-100]%
Burns of one Hand and Forearm.....	[5-100]%
Burns of one Upper Arm.....	[5-100]%
Burns of one Thigh or one Lower Leg (below Knee).....	[5-100]%

[8. Coma Benefit

- a) We will pay a Coma Benefit to the beneficiary of an Insured Person who is covered by the Coma Benefit, subject to the following:
 - (1) the Insured Person must have sustained an accidental bodily Injury which directly resulted in the Insured Person being in a coma or a persistent vegetative state.
 - (2) the coma must commence within 31 days of the Accident.
 - (3) no Coma Benefit is payable for the first 31 days that the Insured Person is in a coma.
- b) The Coma Benefit amount will be [1-10]% per month of the Insured Person's full AD&D Insurance Amount, for up to a maximum of [31 days-96 months]
- c) The maximum payable for any combination of covered Losses from any one Accident, including this Coma Benefit, is 100% of the applicable AD&D Insurance Amount.
- g) We will use the Rancho Los Amigos Levels of Cognitive Functioning scale to evaluate the coma.]

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[9. Contagious Disease Benefit

Contagious Disease means the asymptomatic, but communicable conditions of Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

- a) We will pay a Contagious Disease Benefit if, while insured under the Group Policy, You sustain an accidental bodily Injury in the performance of Your occupational duties causing You to acquire and test positive for a Contagious Disease within 365 days of the date of the Accident, provided that:
 - (1) You submit a Workers' Compensation Injury report to Your Employer within 72 hours of the Accident; and
 - (2) You submit to Us, within 120 hours of the Accident, blood test results for the Contagious Disease which are negative for the presence of any antibodies or antigens to such disease.
- b) If the initial blood test is negative and You subsequently test positive within 365 days of the Accident, We will begin monthly payments. Payment of this benefit will reduce Your total AD&D benefit if You experience another Loss due to Your infection, unless that Loss was unrelated to the infection in question, then Your AD&D benefit will not be reduced and We will pay the appropriate AD&D benefit for first Loss. If You test positive for more than one Contagious Disease as a result of the same occupational Accident, only one benefit amount, the largest, will be paid.
- c) The maximum Contagious Disease Benefit amount is [10-100]% of the full amount of Your AD&D Insurance Amount, payable in [6-24] equal monthly installments. The most We will pay for any combination of Losses from any one Accident, including this Contagious Disease Benefit, is 100% of the applicable AD&D Insurance Amount.
- d) The Contagious Disease Benefit will terminate on the earliest of the following dates:
 - (1) the date the last of the maximum number of installments is paid;
 - (2) the date You recover (where applicable); or
 - (3) the date You die.]

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[10. Rehabilitative Physical Therapy Benefit

We will pay the Insured Person this Benefit for rehabilitative physical therapy prescribed by the Insured Person's attending Physician, and completed by the Insured Person, if the Insured Person sustains an accidental bodily Injury that results in one or more of the covered Losses. We will require proof of Rehabilitative Physical Therapy participation. This Benefit amount is equal to the lesser of [5-100]% of the applicable AD&D Insurance Amount or] \$[5,000-100,000].]

[11. Spouse Training Benefit

- a) In addition to Your AD&D Benefit, We will pay the actual cost incurred by Your Dependent Spouse who enrolls in a professional or trade school training program within 365 days from the date of the Accident which caused the accidental bodily Injury not to exceed the maximum set forth below, if:
 - (1) You die as a result of an accidental bodily Injury;
 - (2) Your Spouse enrolls in a professional or trade school training program for the purpose of obtaining an independent source of support and maintenance.
- b) The maximum Spouse Training Benefit amount is the lesser of [5-100]% of Your AD&D Insurance Amount or \$[1,000-50,000]

[12. Education Benefit

- a) We will pay an Education Benefit, in addition to Your AD&D Benefit, on behalf of each Child who is enrolled in an accredited institution at the time of Your death, subject to the following requirements:
 - (1) You died as the result of an accidental bodily Injury within [90-365] days after the date of the event causing Your Injury;
 - (2) The event causing Your accidental bodily Injury occurred while You were insured under the Group Policy for AD&D Insurance; and
 - (3) Your Child furnishes proof of continuing eligibility for the Education Benefit within 30 days of Our request for such information.

- (4) The maximum benefit amount per semester is \$[1,000-25,000].
- (5) The number of benefit payments is limited to [2-8] payments per lifetime.
- (6) The aggregate benefit amount is limited to \$[10,000-100,000].
- (7) The maximum benefit period is [2-6] years from the date the first benefit payment has been made.]

[13. Repatriation Benefit

If an amount is payable under this Group Policy for Your Loss of life which occurred at least [100-1,000] miles away from Your permanent place of residence, We will pay for all customary and reasonable expenses incurred for preparation of the body and its transportation to the place of burial or cremation, up to a maximum of \$[1,000-10,000].]

[14. Fare Paying Passenger Benefit

We will double the AD&D benefit, to a maximum of \$[5,000-1,000,000], if Your death [or the death of [Your Dependent Spouse/any Dependent]] occurs as a result of an accidental Injury while traveling as a fare paying passenger on a public conveyance.]

[15. Surviving Child Benefit

If You and Your Dependent Spouse die as a result, and within 365 days, of a common accident, and You and Your Dependent Spouse has a surviving Child, the Dependent Spouse's AD&D benefit will increase 100% of Your AD&D benefit amount, subject to a combined AD&D maximum benefit payable of \$[10,000-1,000,000].]

[16. Day Care Benefit

If You [or Your Dependent Spouse] die as a result, and within 365 days, of an accidental death, payable under this Certificate, the surviving spouse, who must be a Beneficiary under this Certificate, may be eligible for reimbursement for any incurred day care expense. To be eligible for reimbursement for an incurred day care expense, the Child must be between the ages of birth to [2-13] years, at the date of You[r] [or Your Dependent Spouse's] accidental death, and must be enrolled with a legally licensed child care provider, which is not a member of Your or Your Spouse's immediate family.

The annual Day Care Benefit is subject to a maximum of [2-5] consecutive years, and payable at the lesser of:

- (1) [One-Five] percent ([1-5]%) of Your AD&D benefit;
- (2) actual incurred expenses; or
- (3) \$[1,000-50,000].]

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G. AD&D Insurance Exclusions. No AD&D Benefit is payable if the Loss is caused or contributed to by any of the following:

- 1. War or Act of War. War means a state or period of declared or undeclared war whether civil or international, or any substantial armed conflict with organized forces of a military nature between nations, states or parties;
- 2. Suicide, attempted suicide or other intentionally self-inflicted Injury, while sane or insane, within the first 2 years of coverage;
- 3. Committing or attempting to commit a felony or assault, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing Your official duties;

4. Any Injury sustained while under the voluntary use or consumption of any poison, illegal drugs, or controlled substance, unless used or consumed according to the directions of a Physician;
5. Physical Disease existing at the time of the Accident;
6. Medical negligence and malpractice;
- [7. Any Accident involving racing or speeding contests;]
- [8. Injury sustained flying in an ultra light, hang gliding, parachuting or bungi-cord jumping, or by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere];
- [9. Bacterial infections (except due to accidental food poisoning or caused by an accidental wound);]
- [10. Any Injury sustained which is probable, expected or a natural result of being legally intoxicated as defined by the laws of the jurisdiction in which the Injury is sustained;]
- [11. Any Loss which results from weight control or any treatment of obesity;]
- [12. Any Loss incurred for which any government body or its agencies are liable while the insured is on active duty or training in the Armed Forces, National Guard or Reserves, of any state or country;]
- [13. Any Loss incurred while operating, riding in or descending from any aircraft, except as a fare-paying passenger on a commercial aircraft.]
- [14. Any Loss caused or contributed to by elective surgery which is not medically necessary, does not promote the proper function of Your body or prevent or treat Physical Disease or Injury or is directed at improving Your appearance, unless the surgery is necessary to correct a deformity resulting from a congenital abnormality or a disfiguring Physical Disease or Injury;]
- [15. No benefits will be paid when You are confined for any reason to a penal or correctional institution].

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[XIII.] CLAIMS PROVISIONS

A. Filing A Claim

1. To file a claim for benefits under this Certificate, the claimant (depending on the benefit the claimant could be an Insured Person, a beneficiary or personal representative of an Insured Person) must provide Us with Proof of Loss in a timely manner. Or, upon receipt of written notice of claim, We will send the claimant a Claim Form for filing Proof of Loss. If the claimant does not receive such forms within 15 days after the giving of such notice, the claimant can send us, without the Claim Form, the written proof covering the occurrence.
2. Proof of Loss.
 - a) Proof of Loss must be provided in writing to Us, at the claimant's expense, within 90 days after the date of the loss if reasonably possible. If that is not reasonably possible, Proof of Loss must be provided no later than one year after expiration of that 90-day period, or the claim will be denied. The time limits under this section shall not apply while the claimant lacks legal capacity.
 - b) **Proof of Loss** means satisfactory written proof that a loss occurred for which the Group Policy provides benefits, which is not subject to any exclusion, and which meets all other conditions for benefits. Proof of Loss includes any other information We may reasonably require in support of a claim for benefits under the Group Policy.

B. Notice of Decision on Claim

1. We will evaluate a claim for benefits promptly after We receive it. Within 30 days after We receive the claim We will send the claimant:
 - a) a written decision on the claim; or
 - b) a notice that We are extending the period to decide the claim for an additional 45 days.
2. If the claim is approved, We will pay benefits within 30 days after the Proof of Loss requirement is satisfied.
3. If We extend the period to decide the claim, We will notify the claimant of the following:
 - a) the reasons for the extension;
 - b) when We expect to decide the claim; and
 - c) any additional information We require to decide the claim.
4. If We request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, We may decide the claim based on the information We have received.
5. If We deny any part of the claim, We will send the claimant a written notice of denial containing:
 - a) the reasons for Our decision;
 - b) reference to the parts of the Group Policy on which Our decision is based;
 - c) a description of any additional information required to support the claim;
 - d) information concerning the claimant's right to a review of Our decision.

C. Payment of Claims.

Upon receipt of proper Proof of Loss, benefits will be paid within 30 days. If any claims payment interest accrues, interest will be paid in the amount determined by the State in which the claims are incurred.

Death Claims: If an Insured Person dies while insured for life insurance under the Group Policy, We will pay benefits according to the "Schedule of Benefits", after We receive Proof of Loss, as follows.

1. The death benefit will be paid in a single sum or by any other method agreeable to Us and the beneficiary. Payment of the benefit will extinguish Our liability under the Group Policy for which the death benefit has been paid.
2. No Surviving Beneficiary. If You do not name a beneficiary, or if You are not survived by any named beneficiary, benefits will be paid to Your estate.
3. Dependent Benefits. Dependent Life Insurance benefits that are payable, but unpaid at the Insured Person's death, will be paid in equal shares to the first surviving class of the following, if the Eligible Employee is dead:
 - a) The children of the Dependent.
 - b) The parents of the Dependent.
 - c) The Insured Person's estate.

[The following Dependent benefits, payable under the Group Policy, will be paid to the Eligible Employee if he or she is living:

- a) [AD&D Insurance benefits;]
 - b) [Life Insurance benefits;]
 - c) [Supplemental Life Insurance benefits payable because of the death of Your insured Spouse or Child;]
 - d) [Living Benefit.]]
4. Facility of Payment. If the benefits provided by the Group Policy are payable to the Insured Person's estate or to a beneficiary who is a minor or otherwise not legally competent to give a valid release, We may pay up to \$500 to any person related to the Insured Person by blood or marriage. Any payment made in good faith will fully release Us to the limit of the payment. If a beneficiary is a minor, or is not able to give a

valid release for any payment of benefits made, We will pay the life proceeds to the legally appointed guardian. The guardian must provide Us with adequate written proof of such appointment. This provision does not prevent Us from making payment to or for the benefit of a minor beneficiary in accordance with the applicable state law. Payment made before We have received written notice at Our home office of a valid claim by some other person releases Us from further obligation.

D. Review Procedure.

1. If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing within 60 days after receiving notice of the denial.
 2. The claimant may send Us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.
 3. We will review the claim promptly after We receive the request. Within 60 days after We receive the request for review We will send the claimant:
 - a) a written decision on review; or
 - b) a notice that We are extending the review period for 60 days. If the extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.
 4. If We extend the review period, We will notify the claimant of the following:
 - a) the reasons for the extension;
 - b) when We expect to decide the claim on review; and
 - c) any additional information We require to decide the claim.
 5. If We request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, We may conclude Our review of the claim based on the information We have received.
 6. If We deny any part of the claim on review, the claimant will receive a written notice of denial containing:
 - a) the reasons for Our decision.
 - b) references to the provisions of the Group Policy on which Our decision is based.
 - c) information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.
5. The Group Policy does not provide voluntary alternative dispute resolution options.

GTL-C2200-0608

[XIV.] GENERAL PROVISIONS

A. Naming a Beneficiary.

1. At the time You became insured under the Group Policy, You should have named a beneficiary of the proceeds of Your life insurance on the enrollment form.
2. You may have named primary beneficiaries and secondary beneficiaries. A secondary beneficiary will become a primary beneficiary if the named primary beneficiary is not living at the time of Your death. Two or more surviving primary beneficiaries will share equally, unless You specify otherwise.
3. AD&D Insurance death benefits will be distributed according to the beneficiary designation of Your corresponding life insurance.

4. You may change Your beneficiary designation at any time, subject to the following:
 - a) The designation must be made in writing on a form suitable to Us;
 - b) The designation must be dated and signed by You (and by your Spouse where required by law);
 - c) The designation must relate and refer to the insurance provided under the Group Policy;
 - d) If applicable, We must have the written consent of all irrevocable beneficiaries;
 - e) You must not have assigned the ownership of Your insurance.
5. When a valid change of beneficiary is received by Us, the change will relate back to and take effect as of the date it was signed. This is the case whether You are alive or not when We receive the request. Even though the change of beneficiary will relate back to the date it was signed, it will be without prejudice to Us on account of any payment We have already made.
6. If We approve it, a written designation signed and dated by You under the Prior Plan will be accepted as Your beneficiary designation under the Group Policy.

B. Simultaneous Death Provision.

If a beneficiary dies on the same day You die, or within 120 hours from Your time of death, benefits will be paid as if that beneficiary had died before You, unless Proof of Loss with respect to Your death is delivered to Us before the date of the beneficiary's death.

C. Entire Contract, Changes

1. This Certificate, including the Enrollment Form, Group Policy and any Riders, Amendment or attached papers, if any, constitutes the entire contract of Insurance. No change in this Certificate shall be valid until approved by an executive officer of Our company and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Certificate or waive any of its provisions.
2. Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, We have authority to control, manage, and interpret the Group Policy, to administer claims and to resolve all questions arising in the administration, interpretation and application of the Group Policy.
3. Our authority includes, but is not limited to the following:
 - a) the right to resolve all matters when a review has been requested;
 - b) the right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
 - c) the right to determine eligibility for insurance, entitlement to benefits, the amount of benefits payable and the sufficiency and the amount of information We may reasonably require to make determinations.

D. Incontestability of Insurance

1. Any statement made to obtain or to increase insurance is a representation and not a warranty.
2. No misrepresentation will be used as a basis for reducing or denying a claim or contesting the validity of insurance unless:
 - a) the insurance would not have been approved if We had known the truth; and
 - b) We have given You or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.
3. After insurance has been in effect for 2 years, during the lifetime of the Insured Person, We will not use a misrepresentation as a basis for reducing or denying a claim, unless it was a fraudulent misrepresentation.

E. Incontestability of the Group Policy or Employer Coverage under the Group Policy

1. No misrepresentation by the Policyholder [or Your Employer] will be used as a basis for denying a claim, or for denying the validity of the Group Policy [or Your Employer's coverage under the Group Policy] unless:
 - a) the Group Policy would not have been issued [or Your Employer's coverage under the Group Policy would not have been approved] if We had known the truth; and
 - [b)] We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.
2. The validity of [Your Employer's coverage under] the Group Policy will not be contested after it has been in force for 2 years, except for nonpayment of premium or fraudulent misrepresentations.

F. Clerical Error

1. Clerical error by Us, the Policyholder, Your Employer, or their respective Eligible Employees or representatives will not:
 - a) cause a person to become insured under the Group Policy or a provision of it.
 - b) invalidate insurance otherwise validly in force.
 - c) continue insurance otherwise validly terminated.
 - d) cause an Employer to obtain coverage under the Group Policy or a provision of it.
2. In the event that a clerical error results in an incorrect rate, We reserve the right to adjust the rate accordingly.
3. The payment of premium, by itself, will not obligate Us to provide benefits to anyone who is not eligible for coverage under the Group Policy.
4. Your Employer acts on its own behalf as Your agent, and not as Our agent. Your Employer has no authority to alter, expand or extend Our liability or to waive, modify or compromise any defense or right We may have under the Group Policy.

G. Misstatement

1. Age or Gender

If the age or gender, or both, of a person has been misstated, We will make an equitable adjustment of premiums, benefits or both. The adjustment will be based on:

- a) the amount of insurance based on the correct age and gender; and
- b) the difference between the premiums paid and the premiums which would have been paid if the age and gender had been correctly stated.

[2. Misstatement of Tobacco Use

- a) If an Insured Person's use of tobacco has been misstated, We have to:
- b) make an equitable adjustment of premiums, benefits or both. The adjustment will be based on:
 - (1) the amount of insurance based on the correct tobacco use status; and
 - (2) the difference between the premiums paid and the premiums which would have been paid if the tobacco use status had been correctly stated.
- c) rescind that Insured Person's insurance subject to the "Incontestability" provision. In such case, We will return the premium paid for the Insured Person's insurance.]

H. Legal Actions

A legal action may not be brought to recover on this Certificate within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

I. Assignment

An Insured may not assign any of his or her rights, privileges or benefits under the Group Policy, unless approved by Us.

J. Conformity With State Laws

If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

GTL-C2300-0608

[MADISON NATIONAL LIFE INSURANCE COMPANY, INC.]

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717]

GROUP TERM LIFE INSURANCE POLICY

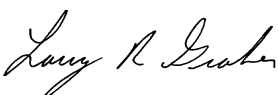
GROUP POLICYHOLDER: [Employer Name]
GROUP NUMBER: [Group number]
DATE OF ISSUE: [Date]
RENEWAL DATE: Renewals occur [monthly] beginning [date]
POLICY NUMBER: [Number]
STATE OF ISSUE: Wisconsin
STATE OF DELIVERY: [State]


[Madison National Life Insurance Company, Inc.] (hereafter called We, Our or Us) agrees to pay group insurance benefits with respect to each Insured Person according and subject to the terms and conditions of this Group Policy (hereafter referred to as Policy). Benefits are payable in United States dollars only. The benefits and coverage provisions approved under this Policy are contained in the Certificate(s) of Insurance.

This Policy is issued to the Group Policyholder (hereafter referred to as "Policyholder") in consideration of the application and payment of premiums, as provided herein, to take effect as of the Date of Issue. A copy of the completed Application is attached. This Policy will terminate as described herein. Date of Issue and Termination will begin and end at 12:01 A.M. Standard Time at the address of the Policyholder.

This Policy includes any applications, Certificates, riders and other attached pages. These pages are all part of this Policy as if fully recited over the signatures shown below. This Policy is issued by Us and delivered in the State shown above and governed by the laws of that State. All terms are defined, and benefits are provided, in accordance with the terms, conditions and provisions of these documents, and applicable state laws.

The President and Secretary of [Madison National Life Insurance Company, Inc.] witness this Certificate:


[_____]
Larry R. Graber
President


[_____]
Adam C. Vandervoort
Secretary]

GROUP LIFE INSURANCE COVERAGE

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Terms and Definitions

All terms are as defined in the Certificates of Insurance (hereafter referred to as Certificate).

Coverage Requirements

The Policyholder's election of coverages is shown in the Group Application.

Benefits and coverage for Insured Persons are as agreed upon between Us and the Policyholder. All coverages and actual benefit amounts in effect, with respect to each Insured Person, are described in the Certificate(s) issued by Us to the Policyholder for distribution to the Insured Persons or, directly to the Insured Persons. This includes any applicable Riders or Endorsements which generally describe, without amending, superseding or changing the Policy in any way, the essential features of coverage Insured Persons are entitled to under this Policy, and to whom the insurance benefits are payable in the event of a covered loss.

The Policyholder will furnish all information reasonably necessary to administer this Policy and any other information that may be reasonably required. The Policyholder will provide Us notification of any change in its legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.

The Policyholder must provide such information to the Us or Our agents in a regular and timely manner as may be reasonably specified by the Us and/or Our agents. We or Our agents have the right at all reasonable times to inspect the payroll and records of the Policyholder which relate to insurance under this Policy.

Policy Premium

A. Payment of Premiums.

1. [Premiums are due on the [1st/5th] of the month of coverage for which the premium applies (e.g., premium for coverage in October would be due October [1st]). / Premiums are due on the [20th/30th] of the month prior to the month for which the premium applies (e.g. premium for coverage in October would be due September [30th].)
2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under this Policy.
3. The Policyholder determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.
4. Each premium is payable on or before its Premium Due Date directly to the Insurer at: [Madison National Life Insurance Company, Inc., PO Box 5008, Madison, WI 53705].
5. Premium is due for an Insured Person for each month the Insured Person is covered under this Policy. The Policyholder must notify Us immediately whenever an employee becomes eligible or ceases to be eligible for coverage. [Premium is due for the full month, regardless of when effective or termination dates occur within a month. The Insurer does not prorate premium. / Effective dates of coverage or termination dates which occur mid-month will be billed as follows:
 - a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to Us. If the effective date of coverage is between the 16th of the month and the end of the month the Policyholder will be billed for the next full month of coverage. We do not prorate premium.
 - b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Policyholder will be responsible for an entire month's premium.]
2. All premiums will be based upon information provided by the Policyholder in the Census Reports.

B. Changes in Premium Rates.

1. Special Circumstances. We may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
 - a) A change or clarification in a law or governmental regulation affects the amount payable under this Policy. Any such change in premium rates will reflect only the change in Our obligations.
 - b) One or more changes occur in the factors material to the underwriting risk We assumed under this Policy with respect to the Policyholder, including, but not limited to, the number of persons insured, age, gender and occupational classification.

- c) The premium contribution arrangement for insured employees changes or varies from that stated in this Policy when issued or last renewed.
 - d) Plan design changes are requested by the Policyholder.
 - e) We and the Policyholder mutually agree to change premium rates.
2. In all other cases, and subject to a period for which We have provided the Policyholder with a written rate guarantee, We may change premium rates upon 60 days advance written notice to the Policyholder. Any such change in premium rates may be made effective on any Premium Due Date, but no such change will be made more than once in any Contract Year. Contract Years means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Policyholder and Us.
- C. Premium Adjustments.
Premium adjustments involving a return of unearned premiums to a Policyholder will be limited to the 12 months just before the date We receive a request for premium adjustment.
- D. Grace Period, Termination for Nonpayment and Reinstatement.
- 1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under this Policy will remain in force during the Grace Period.
 - 2. Grace Period means the 31 days following the Premium Due Date.
 - 3. If the premium for coverage is not paid during the Grace Period, the coverage under this Policy will terminate automatically at the end of the Grace Period.
 - 4. The Policyholder is liable for premium for coverage during the Grace Period. We may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.
 - 5. Reinstatement. If any renewal premium is not paid and coverage is terminated, the Policyholder may request a reinstatement by reapplying and submitting the required premium. Coverage will be reinstated upon Our approval, if the Policyholder requests reinstatement within 31 days of termination date. We shall approve or disapprove the reinstatement within 15 calendar days following receipt of the reinstatement request and premium. We and the Policyholder shall have the same rights hereunder as they did under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

Termination

By the Company: We can end this Policy:

- 1. for any reason by giving 60 days advance written notice to the Policyholder.
- 2. immediately in the event of fraud or misrepresentation by the Policyholder.
- 3. on any Premium Due Date if the number of persons insured is less than the Minimum Participation requirements.
- 4. on any Premium Due Date if We determine the Policyholder has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to this Policy or coverage under this Policy.
- 5. on the date the Policyholder breaches any part of the Entire Contract.

By the Policyholder: The Policyholder can end this Policy by giving 60 days advance written notice to Us.

NOTE: With regard to the Term Life insurance coverage, termination of this Policy is without prejudice to continuation of an Insured Person's coverage. Conversion privileges are described in the Term Life Certificate.

General Provisions

Entire Contract, Changes: No change in this Policy shall be valid until approved by an executive officer of Our company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

We have authority to determine all questions arising in connection with this Policy, including its interpretation. Our failure to enforce any provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

Incontestability: All statements made in the Group Application are, in the absence of fraud, representations and not warranties. We cannot contest this Policy after it has been in force for 2 years from its Date of Issue. No statement shall be used to contest the validity of coverage or reduce benefits, unless it is in writing, signed by the Policyholder, and a copy of such statement is furnished to the Policyholder.

Non-Participating: This Policy is non-participating. It does not share in Our profits or surplus earnings.

Conformity With State Laws: If any provisions of Our forms are contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Misstatement of Age or Gender. If Policyholder premiums for the Insured Person are based on Age or Gender and the Insured Person's Age or Gender have been misstated, there will be a fair adjustment of premiums based on his or her true Age or Gender. If the benefits for which the Insured Person is insured is based on Age or Gender and the Insured Person's Age or Gender have been misstated, there will be an adjustment of said benefit based on his or her true Age or Gender. We may require satisfactory proof of Age or Gender before paying any claim.

Certificates. We will prepare the Certificates setting forth the main features of this Policy applicable to each Insured Person. We and the Policyholder may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Policyholder's website. The Policyholder will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Policyholder or Insured Person, We will provide a written copy of the Certificate to the Policyholder for distribution to the Insured Person. If the terms of the Certificate differ from the terms of coverage under this Policy, the latter will govern.

Limitation of Liability. Individuals selected by the Policyholder to secure coverage under this Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them and do not represent or act on behalf of [Madison National Life Insurance Company, Inc.]. The Policyholder hereby releases, holds harmless and indemnifies [Madison National Life Insurance Company, Inc.] from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyholder respectively, or any of their respective representatives, agents or employees.

Agency

The Policyholder is not Our agent for any purpose under this Policy.

Clerical Error

A clerical error may be made by Us or the Policyholder in keeping data. If so, when the error is found the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

[MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717]

CRITICAL ILLNESS INSURANCE RIDER

This is an Insured Person's Critical Illness Rider (hereafter referred to as "Rider") while they are insured. This Rider is in addition to the life insurance benefits available to an Insured Person under the Group Term Life Certificate of Insurance (hereafter referred to as "Certificate") provided under the Group Policy.

This Rider, including the Certificate, Group Policy and any other attached papers, constitutes the Entire Contract of insurance. No change in this Rider shall be valid until approved by an executive officer of Our Company. No agent has authority to change this Rider or waive any of its provisions.

Provisions under this Rider are subject to all definitions, terms and conditions, limitations and exclusions of the entire contract, unless otherwise stated herein. Please refer to the Certificate.
Unless otherwise noted below, there is no waiting period for benefits.

Maximum Benefit Amount Per Critical Illness Per Insured Person: [\$1,000 - \$100,000]

Critical Illness First Diagnosis Covered Conditions	Benefit Amount
Life Threatening Cancer - more than [30 – 90] days after Effective Date	100%
Life Threatening Cancer - within the first [30 – 90] days after Effective Date	10%
Cancer In Situ - more than [30 – 90] days after Effective Date	25%
Cancer In Situ - within the first [30 – 90] days after Effective Date	2.5%
Kidney (Renal) Failure	100%
Heart Attack	100%
Stroke	100%
Coma	100%
Major Organ Transplant	100%
Severe Burn	100%

TERMINATION OF BENEFITS. All benefits will terminate at age 65.

THIS RIDER PROVIDES LIMITED BENEFIT COVERAGE ONLY.
THIS RIDER ONLY PROVIDES STATED BENEFITS FOR SPECIFIED ILLNESSES.
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

For each Critical Illness diagnosed under this Rider, an Insured Person is eligible for payment up to the Maximum Benefit Amount specified for such condition. In no event will benefits be payable for more than one occurrence of the same Critical Illness. However, if an Insured Person has been paid a benefit for Cancer In Situ, the Benefit Amount available for a subsequent Life Threatening Cancer will be reduced by that benefit amount. For example, if a 25% benefit amount is paid for cancer in situ, the total benefit amount available for life threatening cancer will be reduced to 75%.

No benefits are payable for conditions other than the critical illnesses listed and defined in the rider.

TERMS & DEFINITIONS

Unless otherwise noted herein, the Terms and Definitions are in the Certificate.

Critical Illness is a First Ever Occurrence of one of the following covered conditions, as defined herein: Life Threatening Cancer, Cancer in Situ, Heart Attack, Stroke, End-Stage Renal Failure, Major Organ Transplant, Severe Burns, and Coma. We shall have the right to request, at Our expense, an examination, of either the Insured Person or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert selected by Us in the applicable field of medicine.

First Occurs or First Ever Occurrence is the date an Insured Person was positively diagnosed by a Legally Qualified Physician as having a Critical Illness for the first time. The First Ever Diagnosis or procedure is the first time the Insured Person has ever undergone that specific procedure or been diagnosed with that specific condition included as a Critical Illness Covered Condition.

Diagnosis is the definitive establishment of the Critical Illness Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician.

Clinical Diagnosis is a Diagnosis of Life Threatening Cancer or Cancer in Situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Legally Qualified Physician is treating the Insured Person for Life Threatening Cancer and/or Cancer In Situ.

Pathological Diagnosis is a Diagnosis of Life Threatening Cancer or Cancer In Situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is a board certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Date of Diagnosis is the date the Diagnosis is established by a Legally Qualified Physician through the use of clinical and/or laboratory findings as supported by the Insured Person's medical records. For a procedure, it is the date the Insured Person undergoes the procedure.

Legally Qualified Physician is a person, other than the Insured Person or a member of the Insured Person's immediate family, or a business associate of the Insured Person, who is duly licensed and practicing medicine in the United States, and who is Legally Qualified to diagnose and treat sickness and injuries. The Physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under the Rider.

COVERED CONDITIONS AND DIAGNOSTIC REQUIREMENTS

LIFE THREATENING CANCER

A malignant neoplasm is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a Pathological or Clinical Diagnosis.

Life Threatening Cancer does NOT include: pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic), or early prostate cancer diagnosed as T1N0M0 or equivalent staging.

CANCER IN SITU

A Diagnosis of cancer is wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer In Situ must be diagnosed pursuant to a Pathological or Clinical Diagnosis. Cancer In Situ includes early prostate cancer diagnosed as T1N0M0 or equivalent staging; and melanoma not invading the dermis.

Cancer In Situ does NOT include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

KIDNEY (RENAL) FAILURE

End Stage (Renal) Failure is a chronic and irreversible failure of both kidneys which requires you undergo periodic and ongoing dialysis. The Diagnosis must be made by a Legally Qualified Physician board-certified in Nephrology.

HEART ATTACK

An acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Cardiologist and based on both new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

Heart Attack does NOT include an established (old) Myocardial Infarction.

STROKE

Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis, or other measurable objective neurological deficit, persisting for at least 96 hours and expected to be permanent. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Neurologist.

A Stroke does NOT include Transient Ischemic Attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

COMA

The diagnosis, by a Legally Qualified Physician board-certified as a Neurologist, that an Insured Person is in a state of unconsciousness from which the Insured Person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

MAJOR ORGAN TRANSPLANT

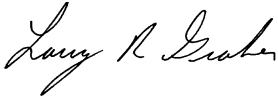
The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured

Person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Insured Person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the Major Organ Transplant to be covered under this Policy, the Insured Person must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.


SEVERE BURNS

The Diagnosis, by a Legally Qualified Physician board-certified as a Plastic Surgeon, that an Insured Person has sustained third degree burns covering at least 20% of the surface area of the Insured Person's body. Dependent children are not covered for severe burns.

Executed by [Madison National Life Insurance Company, Inc. at its Home Office, 1241 John Q. Hammons Drive, Madison, WI 53717].



Larry R. Graber
President



Adam C. Vandervoort
Secretary]

<i>SERFF Tracking Number:</i>	<i>MADS-125780509</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Security Life Insurance Company of</i>	<i>State Tracking Number:</i>	<i>39974</i>
	<i>New York</i>		
<i>Company Tracking Number:</i>	<i>GTL-A-0708</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MADS-125780509 State: Arkansas
Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 39974
Company Tracking Number: GTL-A-0708
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life
Project Name/Number: /

Supporting Document Schedules

	Review Status:
Satisfied -Name: Application	08/18/2008
Comments: We have attached the application that will be used with the Policy.	
Satisfied -Name: Cover Letter	08/18/2008
Comments: Attachment: Cover Letter - SSL.pdf	
Satisfied -Name: Readability Certification	08/18/2008
Comments: Attachment: Readability Certification.pdf	
Satisfied -Name: Statement of Variability	08/18/2008
Comments: Attachment: Certificate Variability Stmtnt.pdf	
Satisfied -Name: Standard Checklist	08/18/2008
Comments: Attachment: Standard Checklist.pdf	
Satisfied -Name: Authorization	08/18/2008

SERFF Tracking Number: *MADS-125780509* *State:* *Arkansas*

Filing Company: *Standard Security Life Insurance Company of* *State Tracking Number:* *39974*

New York

Company Tracking Number: *GTL-A-0708*

TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.500 Other*

Product Name: *Group Term Life*

Project Name/Number: /

Comments:

Attachment:

Authorization Ltr - SSL.pdf



VIA SERFF

August 18, 2008

TO: Arkansas Department of Insurance

RE: Group Term Life Insurance with Critical Illness Rider – (1) Trust & (2) Employer Direct

Madison National Life Insurance Company, Inc., NAIC No. 65781, FEIN: 39-0990296

Standard Security Life Insurance Company of New York, NAIC No. 69078, FEIN: 13-5679267

This product will be offered, using the appropriate specified forms, through a Trust and it will also be marketed directly to Employers.

The Trust product will be offered through one of the following named Trusts, situated in the State of Wisconsin, and issued by Us for delivery in your State: (i) National Insurance Services of Wisconsin, Inc.; (ii) Schools Insurance Fund (administered by National Insurance Services); and (iii) National Plan Services Insurance Trust.

Both products will be governed by the laws of your State. All terms are defined, and benefits are provided, in accordance with the terms, conditions and provisions of these documents, and applicable State laws. Both Group Policies are non-participating policy. The forms are new and will not replace any existing forms filed with your Department.

Product Forms: Group Policy-Trust, Joinder Agreement, Group Policy (Employer Direct), Group Application, Enrollment Form, Evidence of Insurability, Certificate of Insurance, and Critical Illness Rider

Group Policy – GTL-DP-0708 (*Employer Direct*)

The Policy is issued along with all other coverage documents specified herein.

- **Group Application – G-A-0708** (*Combination*) This Application is completed by an Employer Group for coverage directly or through the Trust. The Applications lists the benefits and provisions which will vary by Group, depending on what they choose. This is a matrix filing (i.e. while it is one document, it is divided into 4 sections and each section has been assigned a number/section).). The first two and last two pages are fixed. The Life/AD&D insert (G-A-TLI-0708), Long Term Disability insert (G-A-LTDI-0708) and Short Term Disability insert (G-A-STD-0708) are bracketed (they may or may not be included) and have their own section numbers. If any section needs to be revised because of statute or rule changes or because of industry updates, a replacement section will be filed versus refiling the entire Application.
- **Enrollment Form – G-E-0708** (*Combination*) This form is completed by employees/members either electing or waiving coverage. With election, they also list their beneficiary designation(s) and what coverage they are enrolling in.
- **Evidence of Insurability – G-EOI-0708** (*Combination*) This form will be used for New Hires, Late Enrollees, Increase in Coverage amount(s), Reinstatement, Adding Dependent(s), Applying for coverage over the Guarantee Issue amount.

In addition, the above bulleted (“•”) forms will be used for our Disability products already approved by your Department, as specified below:

SSL Product	Certificate Form No.	SERFF Tracking No.	Approval Date
Long Term Disability	GLDI-C200-(12/06)	MADS-125645870	05/16/08
Short Term Disability	GSDI-C200-(12/06)	MADS-125645870	05/16/08

Certificate of Insurance – GTL-C600-0608 (*Combination*)

This is a matrix filing (i.e. while it is one document, it is divided into several sections and each section has been assigned a number/section. If certain sections need to be revised because of statute or rule changes or because of industry updates, a replacement section will be filed versus refiling the entire Certificate. There are several additional, optional benefits

available to Groups. Only those benefits chosen by a Group will be included within their Certificate. Thus, they have a Group specific Certificate. Below are the Certificate forms and their descriptions.

The Certificate contains numerous [bracketed] provisions which are populated with the variables. Attached is a **Certificate Statement of Variability** that lists all of the bracketed provisions and describes how the brackets will be populated and the reasoning for the brackets.

Certificate Form Nos.	Applicable Certificate Sections and/or Subsections
GTL-C600-0608	Certificate cover page, Table of Contents section, Definitions section
GTL-C700-0608	Schedule of Benefits
GTL-C800-0608	Eligibility for Insurance section, Becoming Insured section, When Insurance Ends section
GTL-C900-0608	Life Insurance - Waiver of Premium Benefit section (optional, additional benefit)
GTL-C1000-0608	Life Insurance - Living Benefit section (optional, additional benefit)
GTL-C1100-0608	Retirement Long Term Care Benefit section (optional, additional benefit)
GTL-C1200-0608	Life Exclusions section
GTL-C1300-0608	Life Insurance Conversion Benefit section (optional, additional benefit)
GTL-C1400-0608	Paid Up Life Insurance Benefit Provision section (optional, additional benefit)
GTL-C1500-0608	Life Insurance Portability Benefit section (optional, additional benefit)
GTL-C1600-0608	Accidental Death & Dismemberment Insurance (optional benefit)- Subsections "A." – "E."
GTL-C1700-0608	Accidental Death & Dismemberment Insurance (optional benefit)- Subsection "F. Additional AD&D Benefits" "1."-"6." (all optional)
GTL-C1800-0608	Accidental Death & Dismemberment Insurance (optional benefit)- Subsection "F. Additional AD&D Benefits" "7."-"8." (both optional)
GTL-C1900-0608	Accidental Death & Dismemberment Insurance (optional benefit)- Subsection "F. Additional AD&D Benefits" "9." (optional)
GTL-C2000-0608	Accidental Death & Dismemberment Insurance (optional benefit)- Subsection "F. Additional AD&D Benefits" "10."-"16." (all optional)
GTL-C2100-0608	Accidental Death & Dismemberment Insurance- Subsection "G. AD&D Exclusions"
GTL-C2200-0608	Claims Provisions
GTL-C2300-0608	General Provisions

Critical Illness Rider – GTL-CI-0708 *(Combination)*

This (limited benefit) Rider is optional and is available to Groups. The Rider is subject to the terms and conditions of the Certificate, unless otherwise noted. Benefits include specific illnesses and all are included in the Rider at specified percentages. The only variable is the Maximum Benefit Amount per Critical Illness, per Insured Person. The variable amount is \$1,000-\$100,000 and will be determined by each Group.

We retain the right to change font, paper color and to correct grammar errors (as long as those corrections do not change the intent or purpose of this form filing).

Thank you.



Cheryl Richards
car@madisonlife.com
(608) 830-2063 or 1-800-356-9601 ext. 2063

Attachments

CERTIFICATE OF READABILITY

TO: Department of Insurance

I hereby certify that the forms meet the minimum requirements of the Flesch reading ease policy simplification test, are at least 10 point type or larger, and that the Flesch reading ease test has been applied to said forms individually or in combination with another, including removal of all tables, schedule pages, and/or legal or medical terminology, with resulting scores of:

Calculated using a Readability of 50

Form No.	Description	Score
GTL-C600-0608	Group Term Life Insurance Certificate.	60.0
GTL-TP-0708	Group Policy issued to Trust	97.3
GTL-DP-0708	Group Policy issued directly to Employers	60.5



Robert J. Stubbe
Executive Vice President
Madison National Life Insurance Company, Inc.
Dated: July 21, 2008

Madison National Life Insurance Company, Inc. (MNL)
Standard Security Life Insurance Company of New York, Inc. (SSL)

STATEMENT OF VARIABILITY for CERTIFICATE OF INSURANCE
Standard Version (for all States)

FORM NO. GTL-C600-0608 Cover Page, Table of Contents and Definitions sections

Certificate cover page

The Certificate is being filed for the above named Insurers (MNL & SSL). As a result, the company Name, Address and Officers are bracketed.

Table of Contents section

All optional Benefits (Sections and Subsections), described herein, are bracketed and will only be included if the Group elects the optional Benefits.

With regard to the "Insurance Reduction Schedule", a **set of brackets** has been added to accommodate ADEA compliant age reduction schedules. While "[[0-95]% at Age [65-100]]" is listed once the outer brackets shown here accommodate options depending on the Group. This one bracketed phrase could read, for example: "35% at age 65, 50% at age 70 and terminate at retirement".

Definitions section

Annual Salary: Your current salary or wage from your Employer for the previous twelve months[, including [extra pay] [and] [commissions] [and] [bonuses] using a [12-36] month rolling average]. Annual Salary does not include [commissions,] [bonuses,] overtime pay or any other extra compensation.

The commission, bonus and extra pay language would vary depending on the Group and what the Group provides its employees.

Disabled or Disability.

The first definition below is our standard definition, but the second definition is available to Groups who wish to match their current benefit language.

[as a result of sickness or injury, you are unable to perform with reasonable continuity a majority of the material duties of any occupation for which you are qualified by education, training and experience, and you are under the Regular Care and Attendance of a Physician.]

(a) during the first 24 months of the disability period, as a result of Physical Disease, Injury or pregnancy, You are unable to perform with reasonable continuity a majority of the material duties of Your own occupation and You are under the Regular Care of a Physician; or

b) after the first 24 months, as a result of Physical Disease, Injury or pregnancy, You are unable to perform with reasonable continuity a majority of the material duties of any occupation for which You are qualified by education, training and experience, and You are under the Regular Care and Attendance of a Physician.]

Eligible Retire

This definition will only be included for Groups who elect Retiree coverage.

Evidence of Insurability

Must be provided within [30-60] days. Our standard language is 30 days, but we make 31-60 days available to Groups who wish to match their current benefit language.

Insured Person

[, Eligible Dependent or Eligible Retiree] will only be included for those Groups who choose one or both of these eligibility coverage options.

Physician

The first definition below is our standard definition, but the second definition is available to Groups who wish to match their current benefit language.

[a licensed medical professional under the laws of a state of the United States of America, acting within the scope of such license, who is permitted by law to prescribe medications and practice independent of supervision.]

[a qualified practitioner who is licensed, under the laws of a state of the United States of America, to diagnose and treat the physical or mental impairment(s) causing the Insured Person's Disability. This definition includes only the following practitioners, and only to the extent that the services provided are within the scope of the individual practitioner's professional license: M.D. – Doctor of Medicine, D.O. – Doctor of Osteopathy, [S.C. – Doctor of Surgical Chiropractic,] [O.D. – Doctor of Optometry,] [D.C. – Doctor of Chiropractic,] [D.D.S. – Doctor of Dental Surgery,] [D.M.D. – Doctor of Medical Dentistry,] [Podiatrist]].

We, Us and Our

The Certificate is being filed on behalf of MNL and SSL. As a result, the company Name, Address and Officers are bracketed.

FORM NO. GTL-C700-0608 Schedule of Benefits

Administrative

The Name, Address, Plan Number and Date bracketed language is self-explanatory and will reflect each Group's coverage.

The "Waiting Period" is determined by the Group. There are two options: (1) within a chosen number of days (must be one of the following days: 0/30/60/90/180; or (2) as determined by the Employer.

Through this Section, and the Certificate, you will see the Dependent coverage (family or spouse or child) bracketed, as well as the Retiree coverage. This language, and all its related language, will only be included when the Group elects this coverage.

Premium contributions are bracketed [0-100]% and will reflect what each Group elects.

The Reduction Schedule for Employees, Spouses, and Retirees is [0-95]% at Age [65-100]. Both the percentage and Age will reflect what each Group elects.

All dollar amounts of the Basic and Supplemental Life Insurance and Accidental Death and Dismemberment Insurance is bracketed and will reflect what each Group elects.

Supplemental Life Insurance – [Annual Increase in Coverage – Evidence of Insurability required if the benefit amount exceeds [[10-200]% of annual salary /\$1,000-\$100,000]] The provision is bracketed and will only be included when chosen by a Group. The percentage and dollar amounts are bracketed to allow flexibility to Groups to match their current coverage.

Supplemental Life Insurance – Groups will elect to offer Retirees a dollar amount (\$[0-1,000,000]) or a percentage ([10-100]%) of pre-retirement amount. The dollar amount and percentage will be elected by each Group.

The Additional Benefits that are bracketed will only appear if elected by a Group.

FORM NO. GTL-C800-0608 Eligibility for Insurance, Becoming Insured, and When Insurance Ends

Eligibility for Insurance section

Employee Definition includes: [The term Employee also includes [board members/directors/or as determined by the Employer].] The outermost brackets means the sentence may or may not be included, dependent upon each Group. The inner set of brackets mean each of the three options may or may not be included, dependent upon each Group.

Minimum Hourly Work Requirement: [The Active Work requirement is waived during the time You are approved for benefits under the "Waiver of Premium Benefit" section.] This brackets mean this sentence may or may not be included, dependent upon each Group.

Waiting Period:

[You cannot be a part-time employee, / temporary or seasonal employee, / full-time member of the armed forces of any country / leased employee, / or independent contractor]. The outer brackets means the sentence may or may not be included. If included, the " / " marks means that one or more of the options may be included, depending on what each Group chooses.

[Where an employment contract specifies, coverage is available for board-approved long-term substitute teachers during the term of their contract. Coverage will not continue during summer months or any other period of time for which the long-term substitute teacher is not scheduled to work.] The brackets mean this sentence may or may not be included, depending on what each Group chooses.

[Employee Supplemental Life Insurance. To be eligible for Employee Supplemental Life Insurance under the Group Policy, an applicant must be an Eligible Employee and satisfy the additional eligibility requirements, if any, as listed herein.] The brackets mean this sentence may or may not be included, depending on what each Group chooses.

Dependent:

[No person may be considered a Dependent of more than one Eligible Employee.] While it is our standard provision, it may not apply, depending on what each Group's current coverage is.

[No person can be covered under the Policy as an Employee and as a Dependent.] The brackets mean this sentence may or may not be included.

Period of Limited Activity: means any period of time during which a person is confined in a Hospital or nursing facility [or if not confined, unable to carry on the regular and usual activities of a healthy person of the same age and sex.] The brackets mean this language may or may not be included, depending on what each Group chooses.

Spouse means a person to whom You are legally married [, who is under age [65-99].] and from whom You are not legally separated. The outermost brackets means the sentence may or may not be included, depending upon each Group. The inner set of brackets means the age range of the spouse, dependent upon each Group.

[Domestic Partner] means a person who lives in the same household and shares the common resources of life in a close, personal intimate relationship with You if, under state law, that individual would not be prevented from marrying You on account of age, blood relationship, or prior undissolved marriage to another.

[(1) A Domestic Partner may be of the same or opposite gender as You.]

[(2) You must have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the Employer and filed that affidavit for public record, if required by state law.]

[(3) Except where otherwise specified, a Domestic Partner will herein be the equivalent of a Spouse.]] The outermost brackets means the term and definition may or may not be included, depending upon each Group. The three inner sets of brackets mean each of the three sentences may or may not be included, dependent upon each Group.

Child means Your unmarried child until age [19-21] [or age [23-25] if a full-time student. Full-time student means a registered student in full-time attendance at an accredited educational institution, including vocational training]. Child includes a stepchild, a child placed in the home for adoption and/or a legally adopted child. [Except where otherwise specified, a Child of a Domestic Partner will be the equivalent of a Child of a Spouse under the Group Policy.] The age brackets are dependent upon what each Group chooses or is what required by State law. The brackets around all the full time student language are dependent upon if a Group chooses the benefit or it is required by State law. The brackets around the last sentence means the sentence may or may not be included, dependent upon whether a Group chooses Domestic Partner benefits.

[Dependent Supplemental Life: To be eligible for Dependent Supplemental Life Insurance under the Group Policy, an applicant must be an Eligible Dependent and satisfy the additional eligibility requirements, if any, listed in the "Schedule of Benefits".] The brackets mean the language may or may not be included, depending upon each Group.

[Retiree Life Insurance Eligibility. **Eligible Retiree**, as shown in the "Schedule of Benefits."] The brackets mean the sentence may or may not be included, dependent upon whether a Group chooses this benefit.

Becoming Insured section

Effective Dates - Contributory insurance subject to Evidence of Insurability and Late Enrollee application coverage become effective on [the first day of the month immediately following the month in which the Evidence of Insurability is approved by Us, except that if such approval occurs on the first day of a month, such coverage becomes effective on that day / the date We approve the Evidence of Insurability for such coverage.] The brackets contain two options (separated by a "/") in how the sentence will end.

Effective Dates - Contributory insurance not subject to Evidence of Insurability, if You apply prior to, or within 31 calendar days commencing on, the date You become an Eligible Employee, Contributory insurance not subject to Evidence of Insurability becomes effective on the [date You become an Eligible Employee / first day of the month immediately following the month in which You become an Eligible Employee, except that if You become an Eligible Employee on the first day of a month, such coverage becomes effective on that day.] The brackets contain two options (separated by a "/") in how the sentence will end.

Increases in Insurance - Evidence of Insurability Required. An increase of insurance that is subject to Evidence of Insurability becomes effective [on the date on which the Evidence of Insurability for such coverage is approved by Us / on the first day of the month immediately following the month in which the Evidence of Insurability is approved by Us, except that if such approval occurs on the first day of a month, such coverage becomes effective on that day]. The brackets contain two options (separated by a "/") in how the sentence will end.

Evidence of Insurability Not Required.

Based on change in Your classification, age or earnings [on the date of such change / on the first day of the month immediately following the date of such change, except that if such event occurs on the first day of a month, the increase in coverage becomes effective on that day]; **The brackets contain two options (separated by a “/”) in how the sentence will end.**

[An elective increase, as provided for in the “Schedule of Benefits”, on the first day of the month immediately following the date You apply for the elective increase;]”.] **The brackets mean the language may or may not be included, depending upon each Group.**

[Addition of a Dependent: on the date the Dependent becomes an Eligible Dependent, if You apply within 31 days of such date. Applicant will be treated as a Late Enrollee if application is not made timely. [However, while Your Dependent Life Insurance is in effect, each new Dependent becomes insured immediately.]] ”.] **The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean that sentence may or may not apply.**

[Annual Enrollment Period: [[January] 1st] [on the first of the month immediately following the end of the Employer’s Annual Enrollment Period], provided You apply during the Annual Enrollment Period. The Annual Enrollment Period is shown in the “Schedule of Benefits”.] **The outermost brackets means the language may or may not be included, depending upon each Group. The inner brackets means one of those two options will be included.**

[Open Enrollment Period: [[January] 1st] [on the first of the month immediately following the end of the Employer’s Annual Enrollment Period], provided You apply during the Open Enrollment Period. The Open Enrollment Period is shown in the “Schedule of Benefits”.] **The outermost brackets means the language may or may not be included, depending upon each Group. The inner brackets means one of those two options will be included.**

Decreases in Insurance - A decrease in life insurance based on a change in Your classification, earnings, age or Your Dependent’s age, becomes effective on the [date of the change / first day of the calendar month following the date of the change, except that if such event occurs on the first day of a month, the decrease in coverage becomes effective on that day]. **The brackets mean one of those two options will be included.**

If Your coverage ends, You may become covered again, subject to the following:

[If You cease to be an Eligible Employee and coverage ends, and then You return to Active Work with the Employer again within [1-12] months, the Waiting Period will be waived on the first day of Your return to Active Work and You will not have to provide Evidence of Insurability.] **The inner ‘month’ brackets are dependent upon what each Group chooses or is what required by State law. The outermost brackets mean the sentence may or may not be included, dependent upon whether a Group chooses Domestic Partner benefits.**

[If You are an Eligible Employee [on the date Your school contract terminates] and coverage ends, and then You return to Active Work again within [1-12] months, the Waiting Period will be waived on the first day of the new contract term and You will not have to provide Evidence of Insurability.] **The inner ‘language brackets’ mean that language may or may not be included. The inner ‘month’ brackets are dependent upon what each Group chooses or is what required by State law. The outermost brackets mean the sentence may or may not be included, dependent upon whether a Group chooses Domestic Partner benefits.**

When Coverage Ends section

Except as otherwise provided for under this Certificate...,

[the date You cease to be an Eligible Employee / the end of the month following the date you cease to be an Eligible Employee]; **The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean one of those two options will be included.**

[the date You [become eligible for coverage / become covered] as an employee under another group term life insurance policy;] **The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean one of those two options will be included.**

[if You are a contract employee not returning to work as an Eligible Employee the next contract year, the earlier of the following: a) the date You become employed with another employer; b) [Your Retirement Date[, unless You become insured for Retiree Life Insurance under the Group Policy]]; c) expiration of the current contract year;] **The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean that language may or may not be included.**

[Your Retirement Date[, unless You become insured for Retiree Life Insurance under the Group Policy].] **The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean that language may or may not be included.**

[for Dependent coverage, the date a Dependent is no longer eligible for Dependent coverage.] **The outermost brackets mean the language may or may not be included, depending upon each Group.**

[for AD&D coverage, the earlier of the date Your corresponding life insurance ends[, the date you are no longer Actively at Work][, the date Your Waiver of Premium Benefit begins] [or] [Your Retirement Date].] **The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean the three different language options may or may not be included.**

[Retiree Life Insurance will cease as specified in the “Schedule of Benefits”.] **The brackets mean the language may or may not be included, depending upon each Group.**

Paid Sabbatical – The entire subsection is bracketed and may or may not be included, depending upon each Group.

[(administrator or certified teacher)] - **The language is bracketed and may or may not be included, depending upon each Group.**

[3-60] months - **The language is bracketed and may or may not be included, depending upon each Group**

Paid Sabbatical – The entire subsection is bracketed and may or may not be included, depending upon each Group.

[(administrator or certified teacher)] - **The language is bracketed and may or may not be included, depending upon each Group.**

[1-60] months - **The language is bracketed and may or may not be included, depending upon each Group**

Paid Leave of Absence - The entire subsection is bracketed and may or may not be included, depending upon each Group.

[1-60] months - **The language is bracketed and may or may not be included, depending upon each Group**

UnPaid Leave of Absence - The entire subsection is bracketed and may or may not be included, depending upon each Group.

[1-60] months - **The language is bracketed and may or may not be included, depending upon each Group**

Paid Suspension - The entire subsection is bracketed and may or may not be included, depending upon each Group.

[1-60] months - **The language is bracketed and may or may not be included, depending upon each Group**

Layoffs - If You are on a leave of absence due to a lay-off, coverage will continue through the end of the [month / month following the month] in which You last worked prior to the lay-off, provided that any premium for You is paid for that month.] **The entire subsection is bracketed and may or may not be included, depending upon each Group. The inner brackets mean one of the two options will be included.**

GTL-C900-0608 Life Insurance - Waiver of Premium Benefit section *(optional, additional benefit)*

This entire section is bracketed because it is an optional benefit which each Group can choose.

Elimination Period means the period of [0 days-12 months] beginning on the date You become Disabled. **The brackets mean the language may or may not be included, depending upon if the Group chose the Waiver benefit.**

Waiver of Premium does not apply to AD&D Insurance [Dependent Life,] [Supplemental Life,] [, Retiree Life Insurance] [or] [Paid Up Life Insurance]. **The bracketed language will be included if these benefits are also chosen by a Group.**

Your Life Insurance will be continued as provided...

age [60-100] - **The language is bracketed and the age will reflect that of the Group option**

(You provide Us with written notice of Your Disability within 30 days after [the end of Your Elimination Period / the later of 30 days after the end of Your Elimination Period or an approved leave of absence not to exceed 12 months]; **The brackets mean one of those two options will be included.**

When Waiver of Premium Ends.

The date at which You’ve resided outside of the United States of America, or one of its territories during any [6/9/12] consecutive months for which premium had been waived; **The brackets mean one of those three options will be included.**

[The premium due date immediately prior to Your [[65-100th] birthday / attainment of Your Social Security Normal Retirement Age];] **The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean that language may or may not be included and those inner brackets mean one of those two options will be included. The age/birthday brackets will reflect that of the Group’s coverage.**

[The date You Retire, unless such Retirement is due to a Disability;] **The brackets mean the language may or may not be included, depending upon each Group.**

[On the Premium Due Date immediately prior to: (a) the Insured Person's [65th-70th] birthday if Totally Disabled prior to age [60-70], or (b) the earlier of age [65-70] or 12 months if Totally Disabled between ages [60-70].] The outermost brackets mean the language may or may not be included, depending upon each Group. The inner brackets mean that language will vary depending on the age chosen by the Group.

Premiums – [If We approve Your claim for the Waiver of Premium Benefit, We will refund up to 12 months of the premiums that were paid for Life Insurance in place after the date You became Disabled.] The brackets mean the language may or may not be included, depending upon if the Group chose the Waiver benefit.

GTL-C1000-0608 Life Insurance - Living Benefit section *(optional, additional benefit)*

This entire section is bracketed because it is an optional benefit which each Group can choose.

Terminally Ill and **Terminal Illness** mean a medical condition that is expected to result in Your death within [6-24] months. The bracketed months are to allow flexibility to Groups to match their current coverage.

The Living Benefit will be an amount equal to [25-100]% of Your Employee Basic Life Insurance [plus Your Employee Supplemental Life Insurance] in effect on the date Your election is made, subject to a minimum of \$[5,000-50,000] and a maximum of \$[25,000-1,000,000]. The amount payable will be equal to the Living Benefit less applicable amounts, if any, charged for an investment loss (interest) and administrative fees. The bracketed dollar amounts and percentage are to allow flexibility for Groups to match their current coverage and/or are as determined by the Group. The bracketed 'Employee Supplemental' language will be included when a Group chooses the benefit.

The Living Benefit will not be available if: [and] [Your Terminal Illness resulted from an intentionally self-inflicted injury or suicide attempt within the first two years after Your effective date of coverage or an insurance increase]. The brackets mean the language may or may not be included, depending upon each Group.

Premium payments must continue to be paid for Your life insurance unless You qualify to have Your life insurance premium waived. [The premium payment due will not be affected by any Living Benefit paid under this provision.][The premium due will be based on the amount of insurance remaining in force after deducting the amount of the Living Benefit.] The brackets mean the language will be included if a Group chooses the Living Benefit.

Form No. GTL-C1100-0608 Retirement Long Term Care Benefit section *(optional, additional benefit)*

This entire section is bracketed because it is an optional benefit which each Group can choose.

Form No. GTL-C1200-0608 Life Exclusions section

This entire section is bracketed because the exclusions may or may not be included, as described below.

Substance Abuse Exclusion The entire exclusion is bracketed because it won't apply to current, in-force Groups who do not have this exclusion in their current coverage.

[This exclusion does not apply to [insurance coverage which is 100% paid for by the Employer / Employee Basic Life Insurance].] The outermost brackets mean this provision may or may not be included, depending on applicability. The inner brackets mean one or both of those options will apply.

Substance Abuse Exclusion. The entire exclusion is bracketed because it won't apply to current, in-force Groups who do not have this exclusion in their current coverage or new Groups who wish to match their current coverage provisions.

Form No. GTL-C1300-0608 Life Insurance Conversion Benefit section

There are no variabilities in this section.

Form No. GTL-C1400-0608 Paid Up Life Insurance Benefit Provision section *(optional, additional benefit)*

Eligibility Requirements: ...after age [50-65]... the Employee worked [10-20] or more of the last [10-20] years. The age is a variable bracket in order to match a Group's current benefit structure. The number of years worked in the last number of years is bracketed for the same reason.

Benefit Amounts - \$[10,000 - 50,000]. The percentage and dollar amounts are as determined by the Group.

PUL Benefit Requirements - This PUL benefit does not include the Conversion [, Waiver of Premium] [or] [, Living Benefit] benefit[s]. One or both of the bracketed language will be included if a Group chooses these benefits.

PUL Vesting Schedule - The schedule reflect the vesting years of 1, 3, 6 and 8. The brackets are only included for those Groups in which don't have all of the (four different) vesting years.

Form No. GTL-C1500-0608 Life Insurance Portability Benefit section *(optional, additional benefit)*

This entire section is bracketed because the exclusions may or may not be included, as described below.

Schedule of Portable Coverage. Portable Coverage is available for the following types of insurance You have in effect on the last day of Your employment with the Employer:

- [a] Employee Basic Life Insurance;]
- [b] Dependent Basic Life Insurance;]
- [c] Employee Supplemental Life Insurance;]
- [d] Dependent Supplemental Life Insurance;]
- [e] Employee benefits under the Accidental Death and Dismemberment Section;] [and]
- [f] Dependent benefits under the Accidental Death and Dismemberment Section.]

The bracketed language may or may not be included, depending on if the Group chooses these benefits.

When Coverage Ends - ... You may purchase all of some of Your life insurance in force at the time Your employment ends, but not [less than a minimum of \$[0-10,000] / more than a maximum of \$[1,000-1,000,000]]. The outermost brackets mean one of those two options will be included. The inner brackets mean the amounts will be as determined by the Group.

Eligibility. To be eligible for Portable Coverage, You must meet the following requirements on Your last day of employment with the Employer:

[You must be an Insured Person and have been insured under the Group Policy [for at least [3-12] consecutive months] ending on Your last day of employment with the Employer;] The first and second set of outer bracketed language may or may not be included, depending on the Group. The inner brackets will include the number of months the Group currently has.

[You must be under [the Social Security Normal Retirement Age as stated in the 1983 revision or any subsequent revisions of the United States Social Security Act; / the Age of [65-80];]] The outer bracketed language may or may not be included, depending on the Group. The inner brackets will include one of the two options. In the second option, the Age will be that as reflected by the Group.

[You cannot be Disabled;] The bracketed language may or may not be included, depending on the Group.

[Your termination of employment must not be due to [Retirement or] gross misconduct;] The outer bracketed language may or may not be included, depending on the Group. The retirement language depends on the Group.

[You cannot be covered under any other group term life insurance plan.] The bracketed language may or may not be included, depending on the Group.

Application and Premium Payment

Premium checks are payable to [Madison National Life Insurance Company, Inc.], and must be made directly to Us in a timely manner as specified by Us at the time coverage is ported. The Certificate is being filed for the above named Insurers. As a result, the company Name, Address and Officers are bracketed.

[3. No premium applies to Retirees for this Portable coverage.] The bracketed language may or may not be included, depending if the Group chose Retiree coverage.

The following Benefits/Sections are Excluded from being portable under this Section: [Waiver of Premium;] [Living Benefit;] [and] [Repatriation Benefit.] The bracketed language may or may not be included, depending if the Group chose one or more of these optional benefits.

Other Portability Terms and Requirements - [You can not purchase Portable Coverage if you are receiving the Waiver of Premium benefit.] The bracketed language may or may not be included, depending if the Group chose this optional benefit.

GTL-C1600-0608 Accidental Death & Dismemberment Insurance *(optional benefit)*

This entire section is bracketed because the exclusions may or may not be included, as described below.

Definitions for AD&D Insurance ... occurs within [30-365] days after the accident; **The bracketed months allow flexibility to Groups to match their current coverage.**

AD&D Benefit.

The **AD&D Benefit** is equal to a percentage of the AD&D Insurance Amount in effect on the date of the accident[, subject to the AD&D Reduction Schedule provision set forth in the "Schedule of Benefits"]. **The bracketed language may or may not be included, depending on the Group.**

[Loss of both Hands or both Feet	[10-100%]	[\$≥ max benefit]]
[Loss of one Hand or one Foot.....	[10-100%]	[\$≥ max benefit]]
[Loss of [1-3] limbs [on [part of] body.....	[10-100%]	[\$≥ max benefit]]
[Loss of one Hand and one Foot	[10-100%]	[\$≥ max benefit]]
[Loss of Entire Sight of both Eyes	[10-100%]	[\$≥ max benefit]]
[Loss of Entire Sight in one Eye	[10-100%]	[\$≥ max benefit]]
[Loss of one Hand or one Foot and Entire Sight of one Eye.....	[10-100%]	[\$≥ max benefit]]
[Loss of Speech and of Hearing in both Ears	[10-100%]	[\$≥ max benefit]]
[Loss of Hearing in both Ears	[10-100%]	[\$≥ max benefit]]
[Loss of Thumb and Index Finger of the same Hand.....	[10-100%]	[\$≥ max benefit]]
[Loss of each Thumb of both Hands	[10-100%]	[\$≥ max benefit]]
[Loss of all Fingers of one Hand.....	[10-100%]	[\$≥ max benefit]]
[Loss of all Toes of one Foot	[10-100%]	[\$≥ max benefit]]
[Quadriplegia.....	[10-100%]	[\$≥ max benefit]]
[Paraplegia	[10-100%]	[\$≥ max benefit]]
[Hemiplegia.....	[10-100%]	[\$≥ max benefit]]

The outer brackets on each Loss means it may or may not be included, depending on the Group. The bracketed percentage amounts or flat dollar amounts will reflect the amount as determined by the Group.

Form No. GTL-C1700-0608 Accidental Death & Dismemberment Insurance (optional benefit)

Additional AD&D Benefits; Surgical Reattachment Benefit - Air Bag Benefit

Additional AD&D Benefits **This entire subsection and provisions are bracketed and may or may not be included, as described below.**

Surgical Reattachment Benefit: **This provision may or may not be included, depending on if it's chosen by the Group. [5-100]% - The percentage is dependent on the Group.**

Exposure Benefit. **This provision may or may not be included, depending on if it's chosen by the Group.**

Disappearance Benefit. **This provision may or may not be included, depending on if it's chosen by the Group.**

Felonious Assault Benefit. **This provision may or may not be included, depending on if it's chosen by the Group. [5-100]% - The percentage is dependent on the Group.**

Seat Belt Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

Amount of Benefit. ... [[5-100]% of the amount of the AD&D Insurance Amount / the lesser of the following: (1) \$[5,000-50,000]; or (2) [5-100]% of the applicable AD&D Insurance Amount.]

The outermost brackets mean one of those two options will be included. The inner brackets mean the dollar amount or percentages will be as determined by the Group.

Airbag Benefit - This provision may or may not be included, depending on if it's chosen by the Group

Amount of Benefit. ... [[5-100]% of the amount of the AD&D Insurance Amount / the lesser of the following: (1) \$[5,000-50,000]; or (2) [5-100]% of the applicable AD&D Insurance Amount.]

The outermost brackets mean one of those two options will be included. The inner brackets mean the dollar amount or percentages will be as determined by the Group.

Form No. GTL-C1800-0608 Accidental Death & Dismemberment Insurance (optional benefit)

Additional AD&D Benefits; Burn Benefit and Coma Benefit

Burn Benefit - This provision may or may not be included, depending on if it's chosen by the Group. The bracketed percentage amounts "[5-100]%" on Covered Losses will reflect the amount as determined by the Group.

Coma Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

The Coma Benefit amount will be [1-10]% per month of the Insured Person's full AD&D Insurance Amount, for up to a maximum of [31 days-96 months]; The bracketed percentages and months allow flexibility to Groups to match their current coverage.

Form No. GTL-C1900-0608 Accidental Death & Dismemberment Insurance *(optional benefit)*

Additional AD&D Benefits; Contagious Disease

Contagious Disease Benefit - This provision may or may not be included, depending on if it's chosen by the Group. Benefits are for Employees who are medical clinics or affiliations. The accident would cover during the course of employment.

The maximum Contagious Disease Benefit amount is [10-100]% of the full amount of Your AD&D Insurance Amount, payable in [6-24] equal monthly installments. The bracketed percentage and months allow flexibility to Groups to match their current coverage.

Form No. GTL-C2000-0608 Accidental Death & Dismemberment Insurance *(optional benefit)* Additional

AD&D Benefits; Rehabilitative Physical Therapy Benefit - Repatriation Benefit

Rehabilitative Physical Therapy Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

This Benefit amount is equal to the lesser of [5-100]% of the applicable AD&D Insurance Amount or \$[5,000-100,000]. The bracketed percentage and dollar amount allow flexibility to Groups to match their current coverage.

Spouse Training Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

The maximum Spouse Training Benefit amount is the lesser of [5-100]% of Your AD&D Insurance Amount or \$[1,000-50,000]. The bracketed percentage and dollar amount allow flexibility to Groups to match their current coverage.

Education Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

You died as the result of an accidental bodily injury within [90-365] days after the date of the event causing Your injury

The maximum benefit amount per semester is \$[1,000-25,000]

The number of benefit payments is limited to [2-8] payments per lifetime

The aggregate benefit amount is limited to \$[10,000-100,000]

The maximum benefit period is [2-6] years from the date the first benefit payment has been made

The above four bracketed languages allow flexibility to Groups to match their current coverage.

Repatriation Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

If an amount is payable under this Group Policy for Your loss of life which occurred at least [100-1,000] miles away from Your permanent place of residence, We will pay for all customary and reasonable expenses incurred for preparation of the body and its transportation to the place of burial or cremation, up to a maximum of \$[1,000-10,000].

The bracketed language allows flexibility to Groups to match their current coverage.

Fare Paying Passenger Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

If an amount is payable under this Group Policy for Your loss of up to a maximum of \$[10,000-1,000,000]. This benefit is available on the Insured and Dependent Spouse or all Dependents.

The bracketed language allows flexibility to Groups to match their current coverage.

Surviving Child Benefit - This provision may or may not be included, depending on if it's chosen by the Group.

If an amount is payable under this Group Policy for a loss of up to a maximum of \$[5,000-1,000,000]. This benefit is available on the Insured and Dependent Spouse or all Dependents.

The bracketed language allows flexibility to Groups to match their current coverage.

Day Care Benefit

[or Your Dependent Spouse] AND You[r] [or Your Dependent Spouse's] - The Dependent Spouse provision may or may not be included, depending on if it's chosen by the Group.

...the Child must be between the ages of birth to [2-13] years... The bracketed age allows flexibility to Groups to match their current coverage.

The annual Day Care Benefit is subject to a maximum of [2-5].. The bracketed age allows flexibility to Groups to match their current coverage.

[One-Five] percent ([1-5]%) AND \$[1,000-50,000] - The bracketed language allows flexibility to Groups to match their current coverage.

Form No. GTL-C2100-0608 Accidental Death & Dismemberment Insurance, AD&D Exclusions**AD&D Exclusions**

[Any accident involving racing or speeding contests;]

[Injury sustained flying in an ultra light, hang gliding, parachuting or bungi-cord jumping, or by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.

[Bacterial infections (except due to accidental food poisoning or caused by an accidental wound;]

[Any injury sustained which is probable, expected or a natural result of being legally intoxicated as defined by the laws of the jurisdiction in which the injury is sustained;]

[Any loss which results from weight control or any treatment of obesity;]

[Any loss incurred for which any government body or its agencies are liable while the insured is on active duty or training in the Armed Forces, National Guard or Reserves, of any state or country;]

[Any loss incurred while operating, riding in or descending from any aircraft, except as a fare-paying passenger on a commercial aircraft.]

[Any loss caused or contributed to by elective surgery which is not medically necessary, does not promote the proper function of Your body or prevent or treat Physical Disease or Injury or is directed at improving Your appearance, unless the surgery is necessary to correct a deformity resulting from a congenital abnormality or a disfiguring Physical Disease or Injury;]

[No benefits will be paid when You are confined for any reason to a penal or correctional institution;]

All of the above bracketed language may or may not be included and are bracketed to allow flexibility to Groups to match their current coverage.

Form No. GTL-C2200-0608 Claims Provisions**Dependent Benefits.**

[AD&D Insurance benefits;]

[Life Insurance benefits;]

[Supplemental Life Insurance benefits payable because of the death of Your insured Spouse or Child;]

[Living Benefit.]]

One or more of these provisions may or may not be included, depending on the optional benefits chosen by the Group.

Form No. GTL-C2300-0608 General Provisions**Misstatement**

[Misstatement of Tobacco Use...] **The entire provision is bracketed and will only be included when chosen by a Group and is offered to allow flexibility to Groups to match their current coverage.**

REVIEW REQUIREMENTS CHECKLIST FOR LIFE, ACCIDENT & HEALTH, ANNUITY AND CREDIT

LINE OF BUSINESS: [Life Insurance](#) LINES OF INSURANCE: [Group Term Life](#) CODES: [L04G.500](#)

[The “©” in the Reference column indicates a CARFRA standard]

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS (FOR ALL FILINGS)			
ASSOCIATION/TRUSTS/DISCRETIONARY GROUPS (Group only)	✓	Trust	
ASUMPTIONS/MERGERS/REDOMESTICATIONS/DEMUSTUALIZATION, ETC.	N/A		
COVER PAGE (Policy jacket) ©			
Form number	✓	Certificate – GTL-C600-0608 - Cover Page Policy – GTL-TP-0708 Policy – GTL-DP-0708	
Insurer’s identification	✓	Madison National Life Insurance Company, Inc. - NAIC No. 65781 Standard Security Life Insurance Company, Inc. - NAIC No. 69078	
READABILITY ©		See Attached Documentation	
Non-English policies	N/A		
VARIABILITY ©	✓	Certificate of Insurance Statements of Variability attached	
LINE OF BUSINESS: LIFE CODES: L01 THROUGH L08			
REQUIREMENTS RELATING TO APPLICATIONS ©			
AUTHORIZATION			GTL-E-0708 – Employee Coverage Auth section G-EOI-0708 – Auth & Signature section
HIV CONSENT	N/A	We don’t require testing for enrollment	
GENETIC TESTING	N/A	We don’t inquire nor require	
CONDITIONS FOR FURNISHING EVIDENCE OF INSURABILITY ©			G-EOI-0708 – Reason for Applying section Certificate Schedule of Benefits - GLT-C700-0608

FRAUDULENT STATEMENTS			GTL-E-0708 GTL-A-0708 G-EOI-0708 Certificate Cover Page GTL-C600-0608
REPLACEMENT QUESTIONS			GTL-JA-0708
UNDERWRITING QUESTIONS ©			G-EOI-0708
REQUIREMENTS RELATING TO POLICY FORM REVIEW:			
ADVANCE PAYMENT OF PREMIUM ©		Not Applicable, but we provide premium payment language >	GTL-JA-0708
ARBITRATION		None	
ASSIGNMENT ©			Certificate - General Provisions section GTL-C2300-0608
BENEFICIARY ©			GTL-E-0708 Certificate - General Provisions section GTL-C2300-0608
CLAIM PAYMENT PROVISION			Certificate – Claims Provisions section GTL-C2200-0608
CLAIMS OF CREDITORS ©		None in general, except for one benefit >	Certificate – Living Benefit section GTL-C1000-0608
CLARITY			Certificate – Cover Page GTL-C600-0608
Policy title & headings			Policy – Coverage Page GTL-TP-0708 GTL-DP-0708
CONVERSION ©			Certificate – Life Insurance Conversion Benefits section GTL-C1300-0608
DEATH BENEFIT PROCEEDS ©			Certificate – Claims Provisions section GTL-C2200-0608
DOMESTIC PARTNERS & CHILDREN OF DOMESTIC PARTNERS COVERAGE ©			Certificate – Eligibility for Insurance section GTL-C800-0608
ELIGIBILITY (Group only)			Certificate – Eligibility for Insurance section GTL-C800-0608

ENTIRE CONTRACT ©			Certificate – General Provisions section GTL-C2300-0608 Policy – General Provisions section GTL-TP-0708 GTL-DP-0708
EXCLUSIONS ©			Certificate – Life Exclusions section GTL-C1200-0608 - AD&D Exclusions section GTL-C2100-0608
AVOCATIONAL OR OCCUPATIONAL EXCLUSION RIDERS ©			Certificate - AD&D Exclusions section GTL-C2100-0608
WAR RISK ©			Certificate - AD&D Exclusions section GTL-C2100-0608
GRACE PERIOD ©			GTL-JA-0708 - Premium, Payments, & Termination section
INCENTIVES/INDUCEMENTS	N/A		
INCONTESTABILITY ©			Certificate – General Provisions section GTL-C2300-0608 Policy – General Provisions section GTL-TP-0708 GTL-DP-0708 GTL-JA-0708 – General Provisions section
INDETERMINATE PREMIUM ©	N/A		
INDEXING	N/A		
ILLUSTRATIVE REPORTS	N/A		
STATEMENT OF POLICY COST & BENEFITS	N/A		
LIFE ILLUSTRATION	N/A		
INSURABLE INTEREST	N/A		
JUVENILE NONSMOKER CLASSIFICATION	N/A		
LIMITED POLICIES	N/A		
Limited pay	N/A		
Modified benefit	N/A		
Modified premium	N/A		

LOANS ©	N/A		
Policy loan interest rate	N/A		
MISCELLANEOUS AMENDMENTS ©, ENDORSEMENT, RIDERS		Critical Illness Rider	GTL-CI-R-0708
MISSTATEMENT OF AGE ©			Certificate – General Provisions section GTL-C2300-0608 Policy – General Provisions section GTL-TP-0708 GTL-DP-0708 GTL-JA-0708 – General Provisions section
MISSTATEMENT OF SMOKING ©			Certificate – General Provisions section GTL-C2300-0608
NONFORFEITURE OPTIONS	N/A		
NONFORFEITURE VALUES – POLICY PROVISIONS ©	N/A		
NONFORFEITURE VALUES – COMPUTATION OF VALUES ©	N/A		
OTHER	N/A		
OWNERSHIP ©	N/A		
PARTICIPATING PROVISIONS ©			Policy – General Provisions section GTL-TP-0708 GTL-DP-0708
PAYMENT PLAN	N/A		
PARTIAL WITHDRAWAL	N/A		
PAYMENT IN PROCEEDS	N/A		
PREMIUM DEPOSIT FUND	N/A		
PREMIUMS			Policy – Policy Premium section

			GTL-TP-0708 GTL-DP-0708
Cost of Insurance			Certificate – Schedule of Benefits GTL-C700-0608 GTL-JA-0708 - Premium, Payments, & Termination section
Premium Recalculation	N/A		
RATED CLASS ISSUANCE		See Actuarial materials	
RE-ENTRY OR REQUALIFICATION TERM ©			Certificate – Becoming Insured section GTL-C800-0608
REINSTATEMENT ©			GTL-JA-0708 - Premium, Payments, & Termination section
RENEWABILITY ©			Policy – GTL-TP-0708 GTL-DP-0708 Joinder Agreement - GTL-JA-0708
RIGHT TO EXAMINE ©	N/A		
SETTLEMENT ©			Certificate – Claims Provisions section
SETTLEMENT OPTIONS ©			GTL-C2200-0608
SPECIFICATIONS PAGE ©	N/A		
SIMULTANEOUS DEATH ©			Certificate – General Provisions section GTL-C2300-0608
SUICIDE ©			Certificate – Life Exclusions section GTL-C1200-0608
SURRENDER CHARGES	N/A		
TERMINATION (Group only)			Certificate – When Insurance Ends section GTL-C800-0608 Policy – GTL-TP-0708 GTL-DP-0708 Joinder Agreement - GTL-JA-0708
UNFAIR DISCRIMINATION	N/A		

UNISEX	N/A		
VALUES DEFINED ©	N/A		
Accumulation values	N/A		
Cash values	N/A		
Separate Account values	N/A		
REQUIREMENTS FOR RATES:		See attached Actuarial documentation	
ACTUARIAL MEMORANDUM ©			
Justification for reduced rates			
Nonforfeiture demonstration			
Reserving method			
Underwriting			
XXX Requirements			



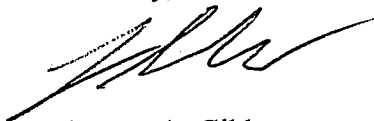
www.sslicny.com

August 12, 2008

To Whom It May Concern:

Please accept this letter as written confirmation that Madison National Life Insurance Company, Inc. ("Madison National") has authority to file forms GTL-C600-0608, GTL-TP-0708 and GTL-DP-0708 or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York ("Standard Security") regarding such filings, in all jurisdictions where this forms or a state specific variation of it is filed. Standard Security may withdraw this authorization at any time, by giving notice to Madison National Life Insurance Company, Inc.

Sincerely,



Thomas A. Gibbons
Vice President, Compliance